2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 14, 2007 8:00 am **Secretary of State** DOCUMENT # P06000118488 1. Entity Name 02-14-2007 90065 009 ***150.00 WILLY'S MARBLE CORP. Principal Place of Business Mailing Address 16515 SW 107TH COURT 16515 SW 107TH COURT **MIAMI FL 33157** MIAMI FL 33157 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, ctc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For <u>51-0600557</u> Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUAYHUA, WILFREDO 16515 SW 107TH COURT MIAMI FL 33157 Street Address (P.O. Box Number is Not Acceptable) Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed trame of registered agent and title r applicable. (NOTE, Registered Agent signature regulared which reinstature) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HIBE ☐ Delete HILLE ☐ Change ☐ Addition HUAYHUA, WILFREDO W NAME 16515 SW 107TH COURT STREET ADDRESS STREET ADDRESS MIAMI FL 33157 CITY ST-ZIP CHY ST ZIP TIZLE ☐ Delete HILL ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDITESS CITY ST 7IP CITY ST ZIP Dolote Dolote THE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CHY ST-7/P CHY SE ZIP TITLE Delete 11111 Change Addition NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY SE 7IP TITLE ☐ Delete ¥1111€ ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY ST ZIP THEF ☐ Defete THILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY-ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other tike empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

FILED

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