

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000030216

Entity Name: MAX MARBLE & GRANITE, INC.

FILED
Apr 09, 2009
Secretary of State

Current Principal Place of Business:

5131 AURORA LAKES CIRCLE
GREEN ACRES, FL 33463 US

Current Mailing Address:

5131 AURORA LAKES CIRCLE
GREEN ACRES, FL 33463 US

New Principal Place of Business:

1370 W.INDUSTRIAL AVE
SUITE 118
BOYNTON BEACH, FL 33426 US

New Mailing Address:

1370 W.INDUSTRIAL AVE
SUITE 118
BOYNTON BEACH, FL 33426 US

FEI Number: 20-8591929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA, MAXILEY P
4965 PURDUE DRIVE
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

SILVA, MAXILEY P
5131 AURORA LAKES CIRCLE
GREEN ACRES, FL 33463 US

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.

SIGNATURE: MAXILEY P. SILVA

04/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SILVA, MAXILEY P
Address: 4965 PURDUE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VP () Delete
Name: SILVA, LUCIANA A
Address: 4965 PERDUE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SILVA, MAXILEY P
Address: 5131 AURORA LAKES CIRCLE
City-St-Zip: GREEN ACRES, FL 33463 US

Title: VP (X) Change () Addition
Name: SILVA, LUCIANA A
Address: 5131 AURORA LAKES CIRCLE
City-St-Zip: GREEN ACRES, FL 33463 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAXILEY P. SILVA

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date