


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90246 011 \*\*\*150.00

<b>DOCUMENT # P94000058177</b> 1. Entity Name <b>CASALE MARBLE IMPORTS, INC.</b>			
Principal Place of Business <b>750 SW 17TH AVE DELRAY BEACH, FL 33444 US</b>		Mailing Address <b>4801 LINTON BLVD #11A #643 DELRAY BEACH, FL 33445 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>750 SW 17th Avenue</b> Suite, Apt. #, etc.	
City & State Zip Country		City & State <b>Delray Beach FL</b> Zip Country <b>33444 PB County</b>	
4. FEI Number <b>65-0532729</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DI FIORE, CHRISTINE M C.P.A. 8220 STATE ROAD 84 SUITE 200 DAVIE, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASALE, DONATO W 4801 LINTON BLVD #11A #643 DELRAY BEACH, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COMPTROLLER</b> <b>gary prindible</b> <b>2316 NE 20th St</b> <b>Fort Lauderdale FL 33305</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of Supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the beneficiary 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 without other the empowered.			
<b>SIGNATURE:</b> _____		<b>Donato Casale</b> <b>4/20/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	