## 2005 FOR PROFIT CORPORATION. ANNUAL REPORT

## Mar 15, 2005 8:00 am Secretary of State DOCUMENT # P95000069033 03-15-2005 90040 039 \*\*\*150.00 1. Entity Name THE MARBLE & GRANITE GROUP, INC. Principal Place of Business Mailing Address 50026812 6506 APPLE WAY 6506 APPLE WAY WEST PALM BEACH, FL 33406 WEST PALM BEACH, FL 33406 02032005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0607845 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH-ADAM, LOUISA Alejandra Martinelli DO NOT WRITE 2001 BOMAR RD 7th AUE. No., IN THIS SPACE 23408 Lake Worth, 71. 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 3.9.05 oent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITI F MARTINEZ, FERNANDO NAME STREET ADDRESS 6506 APPLE WAY CITY-ST-ZIP WEST PALM BEACH, FL TITLE RAVECCA, GISELLE A NAME STREET ADDRESS 5286 EDEN LAKE COAST CITY-ST-ZIP LAKE WORTH, FL 33467 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 or 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 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 attackment with an additional many properties.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

FILED