


**FOR PROFIT CORPORATION
ANNUAL REPORT**

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DOCUMENT # P97000058787	
1. Entity Name MARBLE MASTER FLOOR CORP.	

FILED

11 MAY 26 AM 8:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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2. Principal Place of Business - No P.O. Box # 17610 NE 19 AVENUE Suite, Apt. #, etc.	3. Mailing Address 17610 NE 19 AVE Suite, Apt. #, etc.
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CR2E034B (1/11)

City & State N. MIAMI BEACH	City & State N. MIAMI BEACH	4. FEI Number 65-0766334	Applied For <input type="checkbox"/> Not Applicable
Zip 33162	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name LUNA, TOMAS F	
Street Address (P.O. Box Number is Not Acceptable) 17610 NE 19 AVE	
City N. MIAMI BEACH	FL Zip Code 33162

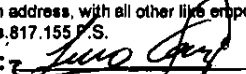
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 5/19/2011

January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$81.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	E-mail Address: FRANK LUNA 305 @ HORMAIL.COM E-mail address to be used for future annual report notices.
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10. OFFICERS AND DIRECTORS	
TITLE PD	LUNA, TOMAS F
NAME	17610 NE 19 AVE
STREET ADDRESS	N. MIAMI BEACH, FL 33162
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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100207334721
05/09/11 01004-021 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.	
SIGNATURE: 	DATE 5/19/2011 Daytime Phone # 786-274-0988

5/27/11