

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90129 014 ***150.00

DOCUMENT # P98000026926

1. Entity Name
DACO MARBLE & GRANITE, INC.



Principal Place of Business
**927 NW 126TH TERR
CORAL SPRINGS, FL 33071**

Mailing Address
**927 NW 126TH TERR
CORAL SPRINGS, FL 33071**

50006213



2. Principal Place of Business
**10790 NORTH WEST 80 CIRCLE
Suite, Apt. #, etc.**

3. Mailing Address
**P.O. BOX 771041
Suite, Apt. #, etc.**

03202006 Chg-P CR2E034 (11/05)

City & State
PARK LAND, FL

City & State
CORAL SPRINGS, FL

4. FEI Number
65-0822633

Applied For
☐ Not Applicable

Zip
33076

Country
BROWARD

Zip
33077

Country
BROWARD

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PITTER, CARL S
7435 NORTH WEST 57TH STREET
TAMARAC, FL 33319**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME **PTSD** ☐ Delete
STREET ADDRESS **WAISBEIN, DAVID**
CITY-ST-ZIP **PO BOX 771041
CORAL SPRINGS, FL 33077**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **V.P.D** ☐ Change ☒ Addition
STREET ADDRESS **WAISBEIN, SUSANA**
CITY-ST-ZIP **P.O. BOX 771041
CORAL SPRINGS, FL 33077**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 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 like empowered.

SIGNATURE: *DAVID WAISBEIN* PTSD

03/20/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #