## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P98000068433

1. Entity Name
SUPER MARBLE INSTALLED CORP.



FILED Aug 14, 2007 8:00 am Secretary of State 08-14-2007 90008 040 \*\*\*150.00

1949 NE. 17	Place of Business Mailing Address E. 179 STREET 1949 NE 179 STREET MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33162		62			
DO NOT WRITE IN THIS SPACE				08102007 4. FEI Number 65-086	No Chg-P	CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required
	6. Name and Address of Curren					
PICHARDO, RAFAEL 1949 NE . 179 STREET NORTH MIAMI BEACH, FL 33162			DO NOT WRITE IN THIS SPACE			
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  Signature, typed or prizzed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remissing)  DATE						
	LE NOWIII FEE IS \$550.00 ue by September 14, 2007	Election Campaign Finan     Trust Fund Contribution.	~	5.00 May Be ded to Fees		
10.  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	P PICHARDO, RAFAEL 1949 NE. 179 STREET NORTH MIAMI BEACH, FL. 33:	DO NOT WRITE IN THIS SPACE				
12. I hereby certify that the information supplied with this filling 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 addusts, with all other like empowered.						
SIGNATURE: MANNEWARD 0X 05/2007 305/2185905						