2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

AND TYPED OR PR

FILED Apr 08, 2005 08:00 AM Secretary of State DOCUMENT # P98000091077 1. Entity Name C & C MARBLE DESIGN INC. Principal Place of Business Mailing Address 7339 NW 66TH STREET MIAMI FL 33166 7339 NW 66TH STREET **MIAMI FL 33166** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FE! Number 65-0872168 Not Applicable Zip Žip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROZENCWAIG, LESLIE A Street Address (P.O. Box Number is Not Acceptable) 1 SE 3RD AVENUE, SUITE 960 MIAMI FL FL331-31 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE D TITLE Change Addition Delete NAME PEREZ, CARLOS U00000293411 15900 SW 56_ST STREET ADDRESS STREET ADDRESS 04/08/05-80028-906 150.00 CITY-ST-ZIP FORT LAUDERDALE FL 33331 CITY-ST-ZIP 🗀 Change ☐ Delete D TITLE ☐ Addition TITLE NAME PEREZ, CINDY MAME STREET ADDRESS STREET ADDRESS 15900 SW 56 ST CITY-ST-ZIP FORT LAUDERDALE FL 33331 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition PEREZ, MARCELINO NAME NAME STREET ADDRESS STREET ADDRESS 15900 SW 56 ST CITY-ST-ZIP FORT LAUDERDALE FL 33331 CHTY - ST- ZIP Addition TITLE Change TITLE ☐ Delete VIERA, DANIA NAME NAME 7339 N.W. 68 ST. STREET ADDRESS STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE ROSE, JOHN ROBERT NAME 7339 N.W. 68 ST. STREET ADDRESS STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS City, ST-7IP 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 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 federal of 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.