


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90305 039 ***558.75

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1. Entity Name
C & C MARBLE DESIGN INC.



Principal Place of Business
**7339 NW 66TH STREET
 MIAMI, FL 33166**

Mailing Address
**7339 NW 66TH STREET
 MIAMI, FL 33166**

2. Principal Place of Business
6400 NW 72 Ave

3. Mailing Address
6400 NW 72 Ave

Suite, Apt. #, etc.

City & State
Miami

City & State
Miami

Zip
FL 33166

Country
33166

Zip
FL 33166

Country
33166



6. Name and Address of Current Registered Agent

**ROZENCWAIG, LESLIE A
 1 SE 3RD AVENUE, SUITE 960
 MIAMI, FL FL331-31**

4. FEI Number
65-0872168

Applied For
 Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, CARLOS	
STREET ADDRESS	15900 SW 56 ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, CINDY	
STREET ADDRESS	15900 SW 56 ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, MARCELINO	
STREET ADDRESS	15900 SW 56 ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	VIERA, DANIA	
STREET ADDRESS	7339 N.W. 68 ST.	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROSE, JOHN ROBERT	
STREET ADDRESS	7339 N.W. 68 ST.	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/V Perez, Carlos	
STREET ADDRESS	6400 NW 72 Ave	
CITY-ST-ZIP	Miami, FL 33166	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S Perez, Cindy	
STREET ADDRESS	6400 NW 72 Ave	
CITY-ST-ZIP	Miami, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 any address, with all other like empowered.

SIGNATURE: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR