2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2007 8:00 am Secretary of State 02-28-2007 90006 017 ***150.00

DOCUMENT # V06204													
11: Entity Name KERMARBLE INC.							[謹						
KERWARDLE INC.					100	刺							
Principal Place of Business				Mailing Address				. 0 0	oree.	n			
- · · · · · · · · · · · · · · · · · · ·				3287 NW 78 AVE				401	12566	U			
			MIAMI, FL 33122 US				•	•					
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2 Principal P	Place of Busi	iness - No P.O. Box	(# 3	Mailing Address			\dashv						
2. Thripper race of business - 140 (1.0. box #				y. Manual Courses					ABIRD BURD HAII		WIELL TIELF DIN	ik Bibil Bibil Bi	NERS EL IDRI
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02262007	Çhg-P		CRSEO	34 (12/06)	
							_		Chight				
City & State			City & State				4. FEI Numbe	-				polied For	
Zip Country			Zip Country			-+	65-030	4835				ot Applicable	
Ziβ	Zip Country			ΔIP	ii y	Ì	Certificate	of Status De	sired		\$8.75 Ad Fee Require		
6. Name and Address of Current Regis				ilstered Agent				7. Name and Address of New Registered Agent					
						Name							
JIME N EZ, JUAN M						Street Address (P.O. Box Number is Not Acceptable)							
8370 SW 48 \$ T MIAMI, FL 33155				311661									
, , _	00100												
						City					FL	Zip Coc	ie
		ty submits this state stered agent.	ement for the	ourpose of changing its	registere	ed office or regis	stere	ed agent, or bot	h, in the State	e of Flor	rida. Tam i	amiliar with,	, and accept
	3												
SIGNATURE.	Signature, types	or printed name of registe	red agent and title	if applicable. (NOTi	E: Registere	uper erufangia fregA	uired w	when reinstating)			DATE		
FIL	E NOW!!!	FEE IS \$150.	00	9. Election Campa			\$5.0	00 May Be					
After Ma	ay 1, 200	7 Fee will be	\$550.00	Trust Fund Cont	ribution.		Adde	d to Fees					
10. OFFICERS AND DIRE				L CTORS			ADDITIONS/	CHANGES T	O OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE	PD		☐ Delete	TITLE							Change	Addition	
NAME	JIMENEZ, JUAN M.				NAME								_
STREET ADDRESS	8370 SW				et address								
CITY-ST-ZIP	MIAMI, FL 33155				CITY-5								
THLE				Delete	TITLE							Change	Addition
NAME													
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CITY-ST-ZIP	<u> </u>											☐ Change	Addition
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STREET ADDRESS	1				1	ET ADDRESS							
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NAME					N/AM/	£							
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZIP	<u></u>					-ST-ZIP							
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 path; that I am an officer or director.													
of the exporation of the receiver of trustee empowered to execute this report as required by Chapter buy. Highed Statutes, and that my name appears in block to bi block in the													
changed, or on an attachment with an address, with all other the empowered.													
SIGNATURE: JUAN M JIMPREZ PRES. 02-16-07 305 477 0096													
₩1₩11F(1	J., L.	SIGNATURE AND T	OSTORIO PORNTE	NAME OF SIGNING OFFICER	OR DIRECT	roR			Date			laytime Phone #	
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