


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00p00035628</b> 1. Entity Name <b>CRUZ MARBLE &amp; GRANITE, CORPORATION</b>					
Principal Place of Business <b>1660 W 32ND PLACE          HIALEAH FL 33012</b>		Mailing Address <b>1660 W 32ND PLACE          HIALEAH FL 33012</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1010338</b> Applied For <input type="checkbox"/> Not Applied <input type="checkbox"/>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CRUZ, PABLO          5451 WEST 9TH AVE.          HIALEAH FL 33012</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00</b> May 1 Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>CRUZ, PABLO</b> STREET ADDRESS <b>5451 WEST 9TH AVE.</b> CITY-ST-ZIP <b>HIALEAH FL 33012</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<b>1100000503102</b> <b>04/26/06-80019-005 150.00</b>	
TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Pablo Cruz*