2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State
02-09-2005 90053 037 ***155.00

DOCUMENT # P00000109050

1. Entity Name
CANTOR GRANITE & MARBLE, INC.

50012714

Principal Place of Business	Mailing Address
~~523 W 19 STREET~~ ~~ORLANDO, FL 32805~~	~~523 W 19TH STREET~~ ~~ORLANDO, FL 32805~~
2. Principal Place of Business: 1227 West 28 ST	3. Mailing Address: 1227 West 28 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL 32805	City & State: ORLANDO, FL 32805
Zip: 32805 / Country: Orange	Zip: 32805 / Country: Orange

02022005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3702056 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CEVALLOS, JUAN RAMON
125 PINEY WOODS RD
APOPKA, FL 32703

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 $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	O	☐ Delete
NAME	CEVALLOS, JUAN R	
STREET ADDRESS	1227 WEST 28 ST	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE	O	☐ Delete
NAME	CEVALLOS, ROSA A	
STREET ADDRESS	1227 WE 28 ST	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 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: X [signature] JUAN RAMON CEVALLOS 02-02-05 407-649-0061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #