

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90150 026 \*\*\*150.00

**DOCUMENT # P03000021850**

1. Entity Name  
**DECO GRANITE & MARBLE COUNTERTOPS, INC.**



Principal Place of Business  
**2103 SOUTHWEST 59TH TERRACE  
 HOLLYWOOD, FL 33023**

Mailing Address  
**10299 BOYNTON PLACE CIRCLE  
 BOYNTON BEACH, FL 33437**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

**50008951**

02232006 Chg-P CR2E034 (11/05)

4. FEI Number  
**38-3678855**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BACILA, MOISE**  
**10299 BOYNTON PLACE CIRCLE**  
**BOYNTON BEACH, FL 33437**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BACILA, MOISE	
STREET ADDRESS	2103 SOUTHWEST 59TH TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	V	<input type="checkbox"/> Delete
NAME	BONA, VASILE	
STREET ADDRESS	2103 SOUTHWEST 59TH TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	S	<input type="checkbox"/> Delete
NAME	BACILA, CRUCITA	
STREET ADDRESS	2103 SOUTHWEST 59TH TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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 an address, with all other like empowered.

SIGNATURE: *Bacila* **(954) 931-6256**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **04/01/2006**  
 Date Daytime Phone #