

**2004 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90016 036 \*\*\*\*70.00  
05-05-2004 90472 001 \*\*\*\*80.00  
05-05-2004 90472 002 \*\*\*\*8.75

**66419025**



<b>DOCUMENT # P99000076695</b>			
1. Entity Name <b>IMPERIAL STONE MARBLE &amp; GRANITE CORP.</b>			
Principal Place of Business <b>2900 N.W. 77TH COURT MIAMI, FL 33122</b>		Mailing Address <b>2900 N.W. 77TH COURT MIAMI, FL 33122</b>	
2. Principal Place of Business <b>5101 N. POWERLINE RD.</b>		3. Mailing Address <b>5101 N. POWERLINE RD.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>FT. LAUDERDALE, FL</b>		City & State <b>FT. LAUDERDALE, FL</b>	
4. FEI Number <b>65-0956811</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33309</b>		Country <b>U.S.A.</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04132004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>ANGEL M. GARCIA-OLIVER, P.A. 269 GIRALDA AVENUE SUITE 302 CORAL GABLES, FL 33134</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:  DATE: <b>4-13-2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)</small>			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROMANO, DENISE A</b> <b>1534 SOPERA AVE</b> <b>MIAMI, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SALCEDO, ALVARO</b> <b>1534 SOPERA AVE.</b> <b>CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SALCEDO, ALVARO</b> <b>5101 N. POWERLINE RD.</b> <b>FT. LAUDERDALE, FL 33309</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BERNARD, JAMES</b> <b>2900 N.W. 77TH COURT</b> <b>MIAMI, FL 33122</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GRZESZCZAK, JAMES B.</b> <b>5101 N. POWERLINE RD.</b> <b>FT. LAUDERDALE, FL 33309</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Date: <b>4-13-2004</b> (905) 446-5431	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	