


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90013 027 ***150.00

DOCUMENT # P00000029128	
1. Entity Name SAV-ON MARBLE AND GRANITE, INC.	

Principal Place of Business 8250 STATE RD 84 FORT LAUDERDALE, FL 33324	Mailing Address 8250 STATE RD 84 FORT LAUDERDALE, FL 33324
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2. Principal Place of Business <i>Savon Marble and Granite</i> Suite, Apt. #, etc. 8250 W. State R-84 City & State Fort Lauderdale FL Zip 33324 Country Florida	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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02272006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0996489 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent SANCHEZ, WILLIAM Y 8250 STATE ROAD 84 FORT LAUDERDALE, FL 33324	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *William Y Sanchez - Accountant* DATE **03/10/06**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SANCHEZ, WILLIAM Y 9440 LIVE OAK PLACE APT 401 FORT LAUDERDALE, FL 33324 <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
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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: *William Sanchez* DATE **03/10/06** DAYTIME PHONE # **954-2364747**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR