## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P00000051345**

t. Entity Name
INDIAN GRANITE & MARBLE, INC.



FILED Feb 03, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

7300 S.W. 10TH STREET PLANTATION, FL 33317

7300 S.W. 10TH STREET PLANTATION, FL 33317



01242006

No Chg-P

CRZE034 (11/05)

4. FEI Number 65-1008019 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

PATEL, SARITA J 7300 S.W. 10TH STREET PLANTATION, FL 33317

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	named entity submits this statement for the plans of registered agent.	urpose of changing its regi	stered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar	with, and accept	
SIGNATURE.	Signature, typeg or printed peme of registered agent and title (	Langue this (BESTE - Pro-	tetnead Agent signature	reduited when reinstations	DATE		
FUE NOWILL FEE IS \$150.00 9. El		<u> </u>			02/13/06-80078-001 150.00		
		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
THILE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, SARITA J 7300 S.W. 10TH STREET PLANTATION, FL 33317						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATEL, SARITA J 7300 S.W. 10TH STREET PLANTATION, FL 33317						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_		DO	NOT WRITE		
TITLE NAME SIREET ADDRESS CITY-ST-ZIP				IN THIS SPACE			
TRILE NAME SIRRET ADDRESS CITY-SI-ZIP							

12. I hereby certify that the information supplied with this filling 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 it 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND SPEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/06 954 296 5259