## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 21, 2008 08:00 A **DOCUMENT # P00000051345** Secretary of State INDIAN GRANITE & MARBLE, INC. Mailing Address Principal Place of Business 7300 S.W. 10TH STREET 7300 S.W. 10TH STREET PLANTATION, FL 33317 PLANTATION, FL 33317 CR2E034 (11/05) No Cha-P 03032008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1008019 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PATEL, SARITA J 7300 S.W. 10TH STREET IN THIS SPACE PLANTATION, FL 33317 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 above named entity submits this sta the obligations of registered agent. SIGNATURE (NOTE: Registered Agent expeture required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME PATEL, SARITA J U00000865167 04/07/08-80017-024 150.00 STREET ADDRESS 7300 S.W. 10TH STREET PLANTATION, FL 33317 CITY-ST-ZIP VD TITLE PATEL, SARITA J NAME STREET ADDRESS **7300 S.W. 10TH STREET** PLANTATION, FL 33317 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filting 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 employered 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 y ke empowéred.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C/TY-ST-Z/P

OF BIGNING OFFICER OR DIRECTOR