## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2005 08:00 AM Secretary of State

DOCUMENT # P01000058778  1. Entity Name MARBLE & GRANITE R US, INC.					Secr	etary of State
Principal Place of Business Mailing Address 734 E 54TH ST 734 E 54TH ST HIALEAH, FL 33013 HIALEAH, FL 33013						-
	And the state of t		· · · · · · · · · · · · · · · · · · ·			
DO NOT WOITE IN THE COACE				04262005 No Chg-P CR2E034 (10/03)		
DO NOT WRITE IN THIS SPAC			UE	4. FEI Number 65-1110016		Applied For Not Applicable
 	5. Name and Address of Current Regis	lered ågent	<del> </del>	5. Certificate	of Status Desired	S8.75 Additional Fee Required
RAY PEREZ & ASSOCIATES, PA				DO	NOT WE	Dite
13935 NW 1ST AVE MIAMI, FL 33168			DO NOT WRITE IN THIS SPACE			
				## 4		<b>VOL</b>
<ol> <li>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.</li> </ol>						
SIGNATURE						
FILE NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				.00 May Be ed to Fees	U000003	
10.	OFFICERS AND DIRECT	CTORS			and the second of the second	ander ord seried
NAME STREET ADDRESS CITY-ST-ZIP	ZURITA, ROBERTO 734 E 54TH ST HIALEAH, FL 33013					
TITLE NAME STREET ADDRESS GITY-ST-ZIP	VP BARBOZA, GABRIELA 734 E 54TH ST HIALEAH, FL 33013			-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		DO	NOT WF	RITE
TITLE NAME STREET ADDRESS CITY+ST-2IP				IN .	THIS SPA	ACE .
TITLE NAME STREET ADDRESS CITY+ST-ZIP						
TITLE NAME STREET ADDRESS CITY+ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 AND TYPED OR PRINTED RAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

4.26.05