## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000045179

Name:

Address:

City-St-Zip:

Entity Name: FUROPEAN GRANITE & MARBLE INC.

FILED Apr 28, 2005 Secretary of State

Littly Na	IIIE. LUKUFI	AN GRANITE & WARDLE, INC	<i>ى</i> .			
Current Principal Place of Business:			New Principal Place of Business:			
SUITE 6	IT MOORE RE TON, FL 3348					
Current Mailing Address:			New Mailing Address:			
2068 NE 2 DEERFIEL	ND ST. LD BEACH, FL	. 33441				
FEI Number	: 81-0548417	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) Certifica	te of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and	Address of New Reg	istered Agent:	
AMANTE, 2068 NE 2 DEERFIEL		. 33441 US				
	e named entity e of Florida.	submits this statement for the	purpose of changing i	s registered office or re	egistered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PT ( AMANTE, ROB 10076 EL CAB DELRAY BEAC	ALLO CT	Title: Name: Address: City-St-Zip:	()Change(	) Addition	
Title: Name: Address: City-St-Zip:	DIAS BARROS 428 SW 11TH		Title: Name: Address: City-St-Zip:	VP (X) Change of AMANTE, CRISTINA 10076 EL CABALLO CT DELRAY BEACH, FL 334		
Title: Name: Address: City-St-Zip:	S ( AMANTE, CRIS 10076 EL CAB DELRAY BEAC	ALLO CT	Title: Name: Address: City-St-Zip:	S (X) Change ( AMANTE, ROBERT 10076 EL CABALLO CT DELRAY BEACH, FL 334		
Title:	(	) Delete	Title:	T () Change (	X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

AMANTE, CRISTINA

10076 EL CABALLO CT

DELRAY BEACH, FL 33446

SIGNATURE: CRISTINA AMANTE VP 04/28/2005