


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State


06-06-2005 90004 026 ***150.00

DOCUMENT # P02000056023	
1. Entity Name EXODUS MARBLE & GRANITE INC.	

Principal Place of Business 3147 RIVERSIDE DRIVE # 201B CORAL SPRINGS, FL 33065	Mailing Address 3147 RIVERSIDE DRIVE # 201B CORAL SPRINGS, FL 33065
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2. Principal Place of Business 9245 SW 2nd St.	3. Mailing Address 9245 SW 2nd St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33428	Zip 33428
Country U.S.A	Country U.S.A

	
05092005	Chg-P CR2E034 (10/03)
4. FEI Number 45-0478176	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SILVA, LUIZ WANDER 3147 RIVERSIDE DR #201B CORAL SPRINGS, FL 33065	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	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	PVST SILVA, WANDER LUIZ 3147 RIVERSIDE DRIVE # 201B CORAL SPRINGS, FL 33065 <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 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 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: WANDER LUIZ SILVA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 06/02/05 Daytime Phone # (954) 7094431 or 3696620