## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

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## Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P02000068602** 04-26-2004 90439 030 \*\*\*150.00 MARBLE & GRANITE DESIGN, INC. Principal Place of Business Mailing Address 1816 SOUTHWEST 31ST AVENUE 1816 SOUTHWEST 31ST AVENUE 94065171 PEMBROKE PARK, FL 33009 PEMBROKE PARK, FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112004 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FEI Number 41-2048557 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GABRIEL JUAREZ JUAREZ, LEONARDO ddress (P.O. Box Number is Not Acceptable) 816 SW 31ST AVE 1816 SW 31 ST AVE PEMBROKE PARK, FL 33009 -55.7<u>2</u> PEMBROKE PARK 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 GABRIEL JUAREZ SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. D Delete TITLE ☐ Change ☐ Addition TITLE JUAREZ, LEONARDO NAME NAME STREET ADDRESS 1816 SOUTHWEST 31ST AVENUE STREET ADDRESS CITY-ST-ZIP PEMBROKE PARK, FL 33009 CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME JUAREZ, GABRIEL NAME 1816 SOUTHWEST 31ST AVENUE STREET ADDRESS STREET ADORESS PEMBROKE PARK, FL 33009 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . Delete TITLE \_\_ Change . \_\_ 🔲 Addition . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(i). Florida Statutes. I further certify that the information indicated on this report or supplied ental 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. wered. GABRIEL JUAREZ, りん 3/04 PRESIDENT 954-964-2351 SIGNATURE

FILED