2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 12, 2004 8:00 am Secretary of State DOCUMENT # P02000075458 1. Entity Name -12-2004 90278 001 ***150 00 ROCK SOLID MARBLE AND GRANITE INC. Principal Place of Business Mailing Address 2700 W. CYPRESS CREEK ROAD SUITE A105 2700 W. CYPRESS CREEK ROAD SUITE A105 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address 1911 MEARS 1911 MEANS Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 30-0094770 MAR GATE MALGATE Not Applicable 33063 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLETCHER, DALE Street Address (P.O. Box Number is Not Acceptable) 2700 W. CYPRESS CREEK ROAD SUITE A105 PANKWAY F.T. LAUDERDALE FL 33309 CITYMANGATE 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. typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ם ☐ Delete TITLE ☐ Change ☐ Addition NAME FLETCHER, DALE NAME 1901 SW 124TH WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33027 CITY-ST-ZIP D TITLE ☐ Delete DITE ☐ Change ■ Addition FLEMING, BILL NAME NAME STREET ADDRESS 8885 NW 21ST STREET STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME HIGGINBOTHAM, DENNIS NAME STREET ADDRESS STREET ADDRESS 10782 BARQUE COURT CITY-ST-ZIP **BOCA RATON FL 33498** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition 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 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED