2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

04-21-2005 90244 020 ***150.00

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03042005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000093448

1. Entity Name
J.M.M. GRANITE & MARBLE INSTALLATION, INC.

Principal Place of Business	Mailing Address
6972 NW 179TH STREET #207 MIAMI, FL 33015	6972 NW 179TH STREET #207 MIAMI, FL 33015

2. Principal Place of Business	3. Mailing Address
1809 SW 21 Street	1809 SW 21 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral, FL	City & State: Cape Coral, FL
Zip: 33991 Country: USA	Zip: 33991 Country: USA

4. FEI Number 56-2289363 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MONTES, JAMES 6972 NW 179TH STREET #207 MIAMI, FL 33015	Name: Montes, James Street Address (P.O. Box Number is Not Acceptable): 1809 SW 21 Street City: Cape Coral FL Zip Code: 33991

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: [signature] 4/18/05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS MONTES, JAMES 6972 NW 179TH STREET #207 MIAMI, FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] James Montes 5/16/05 (239) 8962169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #