

2005 FOR PROFIT CORPORATION ANNUAL REPORT

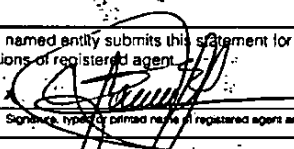
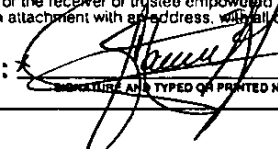
FILED
May 18, 2005 8:00 am
Secretary of State

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 6972 NW 179TH STREET #207 MIAMI, FL 33015		Mailing Address 6972 NW 179TH STREET #207 MIAMI, FL 33015	
2. Principal Place of Business 1809 SW 21 Street		3. Mailing Address 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 MONTES, JAMES 6972 NW 179TH STREET #207 MIAMI, FL 33015		7. Name and Address of New Registered Agent 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: 		DATE: 4/18/05	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD 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: 		5/16/05 (239) 8962169	
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	