FILED May 06, 2003 8:00 am Secretary of State

05-06-2003 90038 019 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P02000093813 1. Entity Name
CABRERA'S GRANITE, MARBLE & GABINETS, INC 90130932 Principal Place of Business Mailing Address 360 WEST 64 TR 560 WEST 27 STREET HIALEAH, FL 33012 US ☐ CHECK HERE IF MAKING CHANGES Applied For 2070547 Not Applicable \$8,75 Additional Fee Required 5. Certificate of Status Desired 7. Name and Address of New Registered Agent CABRERA, RAFAEL 360 WEST 64 TR HIALEAH, FL 33012 Street Address (P.O. Box Number Is Not Acceptable) 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. (NOTE: Repeated Agents grawn required when reinstiting) ATE NOW IT EE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS \$5.00 May Be Added to Fees 9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete 1/11/6 TITLE ☐ Change Addition CABRERA, RAFAEL MALE NAME 360 WEST 64 TR STREET ADDRESS STREET ADDRESS HIALEAH, FL 33012 CITY-ST-ZIP CITY-57-2P__ ☐ Delete TOLE TITLE ☐ Change Addition PEREZ, MARIA C STREET ADDRESS 360 WEST 64 TR STREET ADDRESS CITY-ST-2P HIALEAH, FL 33012 CAY-ST-ZIP TITLE ☐ Delete TOLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP C(1Y-S1-2)P TITLE Delete TALE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CNY-51-21Þ 1816 TITLE ☐ Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Delete 1016 Addition NA MF MASAF STREET ADDRESS STREET ADDRESS CHY-SI-ZP CITY-ST-2IP 12. Thereby 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 only, 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 7866214485 SIGNATURE: 4

TITLE AND TYPE D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR