


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000115242</b>	
<b>1. Entity Name</b> EXCLUSIVE GRANITE & MARBLE, INC.	

<b>Principal Place of Business</b> 719 BROOKHAVEN DR ORLANDO, FL 32803	<b>Mailing Address</b> 719 BROOKHAVEN DR ORLANDO, FL 32803
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**DO NOT WRITE IN THIS SPACE**



02132004 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 55-0803258	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

AMITRANO, FABIAN A  
1536 BROOKSIDE AVE  
KISSINNEE, FL 34744

**DO NOT WRITE  
IN THIS SPACE**

**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 3/03/04

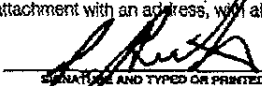
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000077122 03/05/04-80029-015 158.75
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DPT AMITRANO, FABIAN A 1536 BROOKSIDE AVE KISSIMMEE, FL 34744
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DVT GONZALEZ, YESENIA 1536 BROOKSIDE AVE KISSIMMEE, FL 34744
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, CARMEN 1536 BROOKSIDE AVE KISSIMMEE, FL 34744
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

**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:**  3/03/04 407-893-6232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR