


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000117960 1. Entity Name THE SLAB DEPOT GRANITE & MARBLE DISTRIBUTOR, INC.	
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Principal Place of Business 7500 NW 8TH STREET MIAMI, FL 33126	Mailing Address 7500 NW 8TH STREET MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE



01242006 No Chg-P CRZE034 (11/05)

4. FEI Number 72-1554975	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MELO SIMOES, CARLOS A
11260 SW 145TH AVENUE
MIAMI, FL 33186**

**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 _____
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELO SIMOES, CARLOS ALBERTO 11260 SW 145TH AVENUE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DANTAS QUINTELLA, MARCELO RUA RENATO MENEZES DE BERENGUE NO. 177 SALVADOR, BAHIA BRAZIL, 41830315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMOES, SHEILA C D 11260 SW 145TH AVE MIAMI, FL 33186
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03/07/06-80004-004 150.00

**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X3 - [Signature] **FEB. 16, 2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305-2643363