


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2004 8:00 am**  
**Secretary of State**

08-04-2004 90014 042 \*\*\*150.00

<b>DOCUMENT # P03000001546</b>	
1. Entity Name <b>RAMS CABINETS, MARBLE &amp; GRANITE, INC.</b>	

Principal Place of Business <b>13811 SW 34TH ST. MIAMI, FL 33174</b>	Mailing Address <b>13811 SW 34TH ST. MIAMI, FL 33174</b>
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**54066659**



2. Principal Place of Business <b>7080 NW 37 CT</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

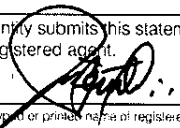
07302004 Chg-P CR2E034 (10/03)

City & State <b>MIAMI FL 33147</b>	City & State
Zip <b>33147</b>	Country <b>DADE</b>

4. FEI Number <b>51-0441160</b>	Applied For <input type="checkbox"/> Not Applicable
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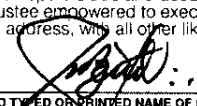
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LAMONT &amp; NEIMAN, P.A. 2 SOUTH BISCAYNE BLVD., SUITE 3550 MIAMI, FL 33131</b>	
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7. Name and Address of New Registered Agent Name <b>BENITEZ JUAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>8345 SW 34 ST. STE A</b> City <b>MIAMI</b> FL <b>33155</b>	
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  <b>JUAN BENITEZ</b> DATE <b>7-30-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>	

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LICEA, RAMIRO 13811 SW 34TH ST. MIAMI, FL 33174</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WE NEVER BEFORE GET THE FIRST NOTICE FOR THIS PAYMENT REPORT</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  <b>JUAN BENITEZ</b>		DATE: <b>7-30-04</b>	DAYTIME PHONE: <b>305-269-4141</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>