2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: 🜙

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 21, 2004 8:00 am Secretary of State DOCUMENT # P03000030197 1. Entity Name 04-21-2004 90061 017 ***150.00 GENOVA GRANITE & MARBLE INC. Principal Place of Business Mailing Address 1641 SW 29 TER. 1641 SW 29 TER. FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOME2 and the series and the series of the series DIOS, JAVIER 11275 SUN VIEW WAY COOPER CITY FL 33026 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. of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. X Delete TITLE Change ☐ Addition TITLE DIOS, JAVIER NAME. NAME STREET ADDRESS 11275 SUN VIEW WAY STREET ADDRESS COOPER CITY FL 33026 CITY-ST-ZIP CITY-ST-ZIP VD Delete TITLE TITLE Change □ Addition EDDIN, SAMIR NAME NAME STREET ADDRESS 941 NE 170 ST. #210 STREET ADDRESS CITY-ST-ZIP N. MIAMI BEACH FL 33162 CITY-ST-ZIP Delete ☐ Change TITLE TITLE **Addition** 1798, SW 31 AVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Fig. Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 true 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.

FILED