2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 18, 2004 8:00 am Secretary of State DOCUMENT # P03000036594 03-18-2004 90050 038 ***150.00 **GRANITE & COUNTERTOP EXPRESS, INC.** Mailing Address Principal Place of Business **318 E 10 STREET** 318 E 10 STREET HIALEAH, FL 33010 HIALEAH, FL 33010 Steezer. Sinert Suite, Apt. #, etc. Suite, Apt. #, etc. 03062004 CR2E034 (10/03) Chg-P Applied For 4. FEI Number F) 65-1181862 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 0106 330 IO Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NUNEZ, ALBERTO F 318 E 10 STREET HIALEAH, FL 33010 71882°15 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. the obligations of reg Sznob 01000 SIGNATURE or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change · 🔲 Addition Delete TITLE TITLE NUNEZ, ALBERTO F NAME NAMĘ Street 318 E 10 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ナル**をと CITY-ST-ZIP HIALEAH, FL 33010 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. 0000 202 W8-4766 SIGNATURE:

FILED

Daytime Phone #