


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90030 007 \*\*\*150.00

<b>DOCUMENT # P03000048217</b>	
1. Entity Name <b>INSTANT GRANITE &amp; MARBLE INC.</b>	

Principal Place of Business <b>5426 TEXAS AVE NEWPORT, FL 34113</b>	Mailing Address <b>5426 TEXAS AVE NEWPORT, FL 34113</b>
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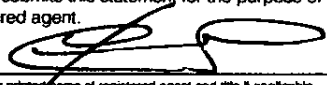
2. Principal Place of Business - No P.O. Box # <b>3573 ENTERPRISE AVE</b>	3. Mailing Address <b>3573 ENTERPRISE AVE</b>
Suite, Apt. #, etc. <b>#84</b>	Suite, Apt. #, etc. <b>#84</b>

City & State <b>NAPLES FLORIDA</b>	City & State <b>NAPLES FLORIDA</b>
Zip <b>34104</b>	Zip <b>34104</b>
Country <b>Collier</b>	Country <b>Collier</b>



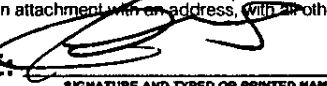
01262007 Chg-P CR2E034 (12/06)

4. FEI Number <b>01-0781791</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>PEREZ, CARLOS 5426 TEXAS AVE NEWPORT, FL 34113</b>		

7. Name and Address of New Registered Agent Name <b>CARLOS PEREZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>5426 TEXAS AVE</b> City <b>NAPLES</b> FL Zip Code <b>34113</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  DATE <b>02-26-07</b>	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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>PSTD PEREZ, CARLOS 5426 TEXAS AVE NEWPORT, FL 34113</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SDT SAILY PEREZ 5426 TEXAS AVE NAPLES FL 34113</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP CARLOS PEREZ 5426 TEXAS AVE NAPLES FL 34113</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete	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 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 another like empowered.	
SIGNATURE 	Date <b>01-26-07</b> Daytime Phone # <b>239-403-4002</b>