


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91017 028 ***150.00

DOCUMENT # P03000064915					
1. Entity Name GRANITOS LITORAL USA, INC.					
Principal Place of Business 1250 S POWERLINE RD B POMPANO BEACH, FL 33064			Mailing Address 1250 S POWERLINE RD B POMPANO BEACH, FL 33064		
2. Principal Place of Business 1826 RUNNERS WAY			3. Mailing Address 1826 RUNNERS WAY		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State N. LAUDERDALE FL		City & State N. LAUDERDALE FL		4. FEI Number 26-2671989	
Zip 33068		Country BRWD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORELATO, CLAUDIO M 1250 S POWERLINE RD B POMPANO BEACH, FL 33064				7. Name and Address of New Registered Agent Name: CLAUDIO M MORELATO Street Address (P.O. Box Number is Not Acceptable): 1826 RUNNERS WAY City: N. LAUDERDALE FL Zip Code: 33068	
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: <i>[Signature]</i> DATE: 04.30.04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME MORELATO, CLAUDIO M STREET ADDRESS 1250 S POWERLINE RD SUITE B CITY-ST-ZIP POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete		TITLE P NAME MORELATO CLAUDIO M STREET ADDRESS 1826 RUNNERS WAY CITY-ST-ZIP N. LAUDERDALE, FL 33068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME CECATO, ADELIO STREET ADDRESS RUA MARIO ANTONIO MODENESI, S/N CITY-ST-ZIP IBIRACU, ES 29670	<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 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: <i>[Signature]</i>			04.30.04 754.366 8075		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		