

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90003 026 ***150.00

DOCUMENT # P03000075900

1. Entity Name

MGM GRANITE & MARBLE CO



Principal Place of Business

Mailing Address

1401 SW 3RD AVENUE
DANIA FL 33004

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DANIA FL 33004

5925 RAVENSWOOD RD #D3
DANIA FL 33312

2. Principal Place of Business

3. Mailing Address

5925 RAVENSWOOD RD
Suite, Apt. #, etc.
BLDG D - BAY D3

20401 SW 51ST ST
Suite, Apt. #, etc.

City & State

DANIA BEACH, FL

City & State

PEMMIKOKE PINCH, FL

Zip

33312

Country

FLORIDA

Zip

33332

Country

BROWARD

6. Name and Address of Current Registered Agent

RITCHIE, NORMAN
20401 SW 51ST STREET
FT LAUDERDALE FL 33332

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME RITCHIE, NORMAN
STREET ADDRESS 20401 SW 51ST ST
CITY-ST-ZIP FT LAUDERDALE FL 33332

TITLE D ☐ Delete
NAME CARRASQUILLO, IRENE
STREET ADDRESS 1401 SW 3RD AVE
CITY-ST-ZIP DANIA FL 33004

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #