## 2007 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all

SIGNATURE:

## Secretary of State ANNUAL REPORT 01-08-2007 90252 004 \*\*\*150.00 **DOCUMENT # P03000075900** MGM GRANITE & MARBLE CO 40000460 Principal Place of Business Mailing Address 5937 RAVENSWOOD RD 20401 SW 51 STREET BLDG H - BAY 14116 FORT LAUDERDALE, FL 33332 FORT LAUDERDALE, FL 33312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 CR2E034 (12/06) City & State Applied For City & State 4. FEI Number 55-0834533 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RITCHIE, NORMAN Street Address (P.O. Box Number is Not Acceptable) **20401 SW 51ST STREET** FT LAUDERDALE, FL 33332 City Zip Code 8. The above named entity submits this state hent 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 little if 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. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition RITCHIE, NORMAN NAME NAME STREET ADDRESS 20401 SW 51ST ST STREET ADDRESS CiTY-ST-ZIP FT LAUDERDALE, FL 33332 CITY-ST-ZIP TITLE Delete TITLE Addition Change CECILIA J RTICHIE 20401 800 SI STREET CARRASQUILLO, IRENE NAME NAME STREET ADDRESS. 4922 LEWARD LANE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33312 CITY-ST-ZIP FT. LAUDERDALE, FL 33332 TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THTLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED Jan 08, 2007 8:00 am