

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90220 032 \*\*\*150.00

**DOCUMENT # P03000089659**



**1. Entity Name**  
**GRANITE ART, INC.**

**Principal Place of Business**  
7060 NW 77TH COURT  
MIAMI, FL 33166-0000 O.

**Mailing Address**  
7060 NW 77TH COURT  
MIAMI, FL 33166-0000 O.

**94073969**



**2. Principal Place of Business**  
**528 W 27 ST**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**528 W 27 ST**  
Suite, Apt. #, etc.

04282004 Chg-P CR2E034 (10/03)

**City & State**  
**Hialeah, FL**  
**Zip 33010 Country USA**

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**Hialeah, FL**  
**Zip 33010 Country USA**

**4. FEI Number**  
**20-0158517**  
**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SAUMELL, ALEX**  
**920 FALCON AVE.**  
**MIAMI, FL 33166-0000**

**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**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE** **VT** ☐ **Delete**  
**NAME** **MENENDEZ, JOSE**  
**STREET ADDRESS** **1 CURTISS PARKWAY #5**  
**CITY-ST-ZIP** **MIAMI SPRINGS, FL 331660000**

**TITLE** **PS** ☐ **Delete**  
**NAME** **SAUMELL, ALEX**  
**STREET ADDRESS** **920 FALCON AVE.**  
**CITY-ST-ZIP** **MIAMI SPRINGS, FL 33166**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**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**  
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**NAME**  
**STREET ADDRESS**  
**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

**4/29/04**

Date

**(305) 884-1319**

Daytime Phone #