## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 08, 2005 8:00 am Secretary of State DOCUMENT # P03000104615 1. Entity Name 04-08-2005 90062 021 \*\*\*150.00 GRANITE LAND INC. Principal Place of Business Mailing Address 23180 OLD INLET BRIDGE DR. 23180 OLD INLET BRIDGE DR. BOCA RATON, FL 33433 US BOCA RATON, FL 33433 01202005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1453910 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MENDES, MONICA DO NOT WRITE 23180 OLD INLET BRIDGE DRIVE BOCA RATON, FL 33433 IN THIS SPACE 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) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS VPD TITLE VIEIRA, IVAN NAME 23180 OLD INLET BRIDGE DRIVE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 TITLE CAVALCANTI, DANIEL M 23180 OLD INLET BRIDGE DRIVE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL\_33433 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS C/TY-ST-ZIP TITLE

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.

Mour Mender

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

04/04/05 561-218-3039

**FILED**