


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90057 024 ***150.00

DOCUMENT # P04000008630	
1. Entity Name GRANITE EXPRESS, INC.	

Principal Place of Business 1400 SW 137TH AVE #S-102 PEMBROKE PINES, FL 33027	Mailing Address 1400 SW 137TH AVE #S-102 PEMBROKE PINES, FL 33027
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2. Principal Place of Business 1055 SE 9TH TER. Suite, Apt. #, etc.	3. Mailing Address 1055 SE 9 TER. Suite, Apt. #, etc.
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City & State HIACLEAH FL	City & State HIACLEAH FL
Zip 33010-5804	Zip 33010-5804
Country USA	Country USA



02142005 Chg-P CR2E034 (10/03)

4. FIC Number 68-0576867	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CONESSA, NOEMIA 1400 SW 137TH AVE #S-102 PEMBROKE PINES, FL 33027	7. Name and Address of New Registered Agent Name ROSANA MARCHELLI Street Address (P.O. Box Number is Not Applicable) 1055 SE 9 TER City HIACLEAH FL Zip Code 33010
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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, the registered agent.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reselecting)

DATE: _____

FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RAMOS, TERESA 1400 SW 137TH AVE #S-102 PEMBROKE PINES, FL 33027 <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
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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: *[Signature]* **TERESA RAMOS** 04/04/05 (305) 889-1011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____