


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90071 009 \*\*\*150.00

DOCUMENT # P04000011219	
1. Entity Name O.G.M. QUALITY MARBLE AND GRANITE, INC.	

Principal Place of Business 1080 ARLAINIE ROAD MASARIK TOWN, FL 34604 US	Mailing Address 1080 ARLAINIE ROAD MASARIK TOWN, FL 34604 US
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50065742



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

08232005 Chg-P CR2E034 (10/03)

4. FEI Number	<input checked="" type="checkbox"/> 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 GIRAL, OCTAVIO 1080 ARLAINIE ROAD MASARIK TOWN, FL 34604	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIRAL, OCTAVIO 1080 ARLAINIE ROAD MASARIK TOWN, FL 34604 <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

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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

~~50065742~~  
# P04000011219

O.G.M QUALITY MARBLE AND GRANITE , INC.  
1080 Arlainie RAOSD  
Masarik Town , Fl 34604

Dear Sir / Madam:

We did not receive our annual report form. We contacted your office and was advised to send the report by mail we this letter .

Sincerely  


**Octavio Girald**  
President