

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000083400

Entity Name: C & M GRANITE WORKS, INC.

FILED  
Apr 17, 2006  
Secretary of State

## Current Principal Place of Business:

1714 N. GOLDENROD RD.  
D1  
ORLANDO, FL 32807 US

## New Principal Place of Business:

## Current Mailing Address:

1714 N. GOLDENROD RD.  
D1  
ORLANDO, FL 32807 US

## New Mailing Address:

FEI Number: 52-2401990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SUAREZ, CLARISSA  
1714 N. GOLDENROD RD.  
D1  
ORLANDO, FL 32807 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SUAREZ, CLARISSA  
Address: 1714 N. GOLDENROD RD. D1  
City-St-Zip: ORLANDO, FL 32807

Title: VP ( ) Delete  
Name: SUAREZ, HECTOR  
Address: 1714 N. GOLDENROD RD. D1  
City-St-Zip: ORLANDO, FL 32807

Title: S (X) Delete  
Name: ADAMS, CHRISTOPHER  
Address: 1714 N. GOLDENROD RD. D1  
City-St-Zip: ORLANDO, FL 32807

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: DECASTRO, ROLANDO  
Address: 1714 N. GOLDENROD RD. D1  
City-St-Zip: ORLANDO, FL 32807

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARISSA SUAREZ

DP

04/17/2006

Electronic Signature of Signing Officer or Director

Date