


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90053 003 ***150.00

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| DOCUMENT # P04000099539 |  |
| 1. Entity Name BOYNTON BEACH MARBLE & GRANITE, INC. | |

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| Principal Place of Business 2900 HIGH RIDGE ROAD BAY # 4 BOYNTON BEACH, FL 33426 US | Mailing Address 2900 HIGH RIDGE ROAD BAY # 4 BOYNTON BEACH, FL 33426 US |
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02182008 No Chg-P CR2E034 (11/05)

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|---|-------------------------------|
| 4. FEI Number 42-1645274 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent SOARES, AMARILDO C 2900 HIGH RIDGE ROAD BAY # 4 BOYNTON BEACH, FL 33426 |
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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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SOARES, AMARILDO C 2900 HIGH RIDGE ROAD, BAY # 4 BOYNTON BEACH, FL 33426 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *A Soares* 2/18/08 561 5883600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #