


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90055 041 \*\*\*155.00

<b>DOCUMENT # P04000101145</b>	
1. Entity Name <b>OVER THE TOP GRANITE AND MARBLE INC.</b>	

Principal Place of Business <b>9773 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32837</b>	Mailing Address <b>9773 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32837</b>
--	--

40014734



2. Principal Place of Business <b>4953 ATAMAN ST</b>	3. Mailing Address <b>4953 ataman st</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02132006 Chg-P CR2E034 (11/05)

City & State <b>BOCA RATON, FL</b>	City & State <b>BOCA RATON, FL</b>
Zip <b>33428</b>	Country <b>US</b>

4. FEI Number <b>20-1338991</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>DSOUZA, JOASERGIO 610 SE 2ND AVE L-7 DEERFIELD BEACH, FL 33441</b>	
--	--

7. Name and Address of New Registered Agent Name <b>DESOUZA, JOASERGIO</b> Street Address (P.O. Box Number is Not Acceptable) <b>4953 ATAMAN ST</b> City <b>BOCA RATON</b> FL Zip Code <b>33428</b>	
--	--

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: *Joasergio Souza de Souza* 02-13 006  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! - FEE IS \$150.00 -**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☒ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <b>DESOUZA, JOASERGIO</b> <b>PO BOX 384</b> <b>DEERFIELD BEACH, FL 33443</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: *Joasergio Souza de Souza*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-13 006  
Date Daytime Phone #