


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90255 025 ***150.00

DOCUMENT # P04000122541

1. Entity Name
GRANITE ART IMPORT EXPORT CORP



Principal Place of Business
2722A TAMPA BAY BLVD
TAMPA, FL 33607 US

Mailing Address
2722A TAMPA BAY BLVD
TAMPA, FL 33607 US

2. Principal Place of Business
3642 W. Cypress St.
 Suite, Apt. #, etc.

3. Mailing Address
3642 W. Cypress St.
 Suite, Apt. #, etc.


City & State
Tampa, FL

City & State
Tampa, FL

Zip
33607

Country

900555



03142006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

CARRERAS, SANTIAGO M JR
2722A TAMPA BAY BLVD
TAMPA, FL 33607

4. FEI Number
NOT APPLICABLE 20-1532870

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 ✓ Denise Houque DATE 03/22/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAUQUE, DENISE 7102 WOODFIELD DR TAMPA, FL 33617 <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	V CARRERAS, SANTIAGO M 7102 WOODFIELD DR TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 ✓ Denise Houque DATE 03/22/06 DAYTIME PHONE # 813.727.2866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR