

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90065 021 ***150.00

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1. Entity Name
SARASOTA'S FINEST MARBLE AND GRANITE, INC.



Principal Place of Business

~~921 APRICOT AVENUE~~ **550 Mango Ave.**
SARASOTA, FL 34237 US

Mailing Address

3204 TANGLEWOOD DRIVE
SARASOTA, FL 34239 US



04262006 No Chg-P CR2E034 (11/05)

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4. FEI Number
43-2061201

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, EMPIMENIO
3204 TANGLEWOOD DRIVE
SARASOTA, FL 34239

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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 _____

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	P
NAME	HERNANDEZ, EMPIMENIO
STREET ADDRESS	3204 TANGLEWOOD DRIVE
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	VP
NAME	HERNANDEZ, WENDY A
STREET ADDRESS	3204 TANGLEWOOD DRIVE
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	T,S
NAME	IGLA, KIM M
STREET ADDRESS	4257 MIDLAND ROAD 2753 Orchid Oaks Dr. A104
CITY-ST-ZIP	SARASOTA, FL 34231 34239
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Kim M. Igla Kim M. Igla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06 941 365 9697

Date

Daytime Phone #