


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90029 022 \*\*\*150.00

<b>DOCUMENT # P04000150937</b> 1. Entity Name <b>TROPIC STONE AND GRANITE, INC.</b>					
Principal Place of Business <b>3149 FAIRVIEW DR. MELBOURNE, FL 32934</b>			Mailing Address <b>3149 FAIRVIEW DR. MELBOURNE, FL 32934</b>		
2. Principal Place of Business <b>1059 Aurora Street</b> Suite, Apt. #, etc. <b>—</b>		3. Mailing Address <b>1059 Aurora Street</b> Suite, Apt. #, etc. <b>—</b>			
City & State <b>Melbourne, FL</b>		City & State <b>Melbourne, FL</b>		4. FEI Number <b>20-1870139</b>	
Zip <b>32935</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COLOMBO, JOSEPH G 2351 W. EAU GALLIE BLVD, SUITE 1 MELBOURNE, FL 32935</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> 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	PS <b>GONZALEZ, ALEXANDER</b> <b>3149 FAIRVIEW DR.</b> <b>MELBOURNE, FL 32934</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Gonzalez, Juan</b> <b>3684 N.W. 3rd Ave.</b> <b>Boca Raton, FL 33413</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <b>GONZALEZ, DORIS E</b> <b>3149 FAIRVIEW DR.</b> <b>MELBOURNE, FL 32934</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date _____ Daytime Phone # _____</small>					