

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/22/2006-90031-020-\$150.00-\$150.00

DOCUMENT # P05000003509 1. Entity Name EUROPEAN MARBLE & GRANITE DESIGNS, INC				 <div style="position: absolute; top: 0; right: 0; font-size: 2em; font-weight: bold; transform: rotate(-15deg);">FILED</div> <div style="position: absolute; top: 10px; left: 0; font-size: 1.2em;">06 SEP 22 AM 9:29</div> <div style="position: absolute; top: 20px; left: 0; font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business CARAMBOLA CIR. N 2683 COCONUT CREEK FL 33066		Mailing Address CARAMBOLA CIR. N 2683 COCONUT CREEK FL 33066		2nd MOORE CR2E034 (4/06)	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="font-size: 1.5em; font-weight: bold;">2012129761</div> <div style="float: right; font-size: 0.8em;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent DANILOV, VASILE CARAMBOLA CIR.N. 2683 COCONUT CREEK FL 33066	
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%; font-weight: bold; font-size: 0.9em;"> FILE NOW!!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State </div> <div style="width: 40%; font-size: 0.8em;"> S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/> </div> <div style="width: 30%; font-weight: bold; font-size: 0.9em;"> 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DANILOV, VASILE <input type="checkbox"/> Delete CARAMBOLA CIR.N 2683 COCONUT CREEK FL 33066		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"/> Delete		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"/> 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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			9-19-06. 954-5593171 <small>Date Daytime Phone #</small>		

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