

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90009 011 ***150.00

| | |
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| DOCUMENT # P05000020945 | |
| 1. Entity Name CLASSIC MARBLE AND GRANITE, INC. | |



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|---|---|
| Principal Place of Business 1330 WEST INDUSTRIAL AVE. BAY B-107 BOYNTON BEACH, FL 33426 | Mailing Address 1330 WEST INDUSTRIAL AVE. BAY B-107 BOYNTON BEACH, FL 33426 |
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| 2. Principal Place of Business - No P.O. Box # 1981 NW 21st Street | 3. Mailing Address 1981 NW 21st Street |
| Suite, Apt. #, etc. BAY 5 | Suite, Apt. #, etc. BAY 5 |
| City & State Pompano Beach FL | City & State Pompano Beach FL |
| Zip 33069 | Zip 33069 |
| Country | Country |

4000000000



03122008 Chg-P CR2E034 (12/06)

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|------------------------------------|--|
| 4. FEI Number 20-2308901 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SILVA, OZEIAS C 1330 WEST INDUSTRIAL AVE BAY B-107 BOYNTON BEACH, FL 33426 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 1981 NW 21st Street BAY 5 | |
| City Pompano BCH | Zip Code FL 33069 |

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.

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|-----------|--|------|
| SIGNATURE | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|------------------------------------|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--------------------------------------|---|--|
| TITLE | PTDS <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SILVA, OZEIAS C | NAME | |
| STREET ADDRESS | 500 SW 9TH AVE | STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON, FL 33486 | CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHNEIDER, CENI M | NAME | Ceni M. Castorio |
| STREET ADDRESS | 500 SW 9TH AVE | STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON, FL 33486 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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.

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|------------|-----------------------|------|-----------------|-----------------|-----------------------|
| SIGNATURE: | OZEIAS C SILVA | Date | 03/12/08 | Daytime Phone # | (561) 577-2377 |
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