


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90395 010 \*\*\*150.00

<b>DOCUMENT # P05000059771</b>					
<b>1. Entity Name</b> DAB GRANITE A LOT, INC.					
<b>Principal Place of Business</b> 2385 SE MARIPOSA AVE. PORT ST. LUCIE, FL 34952 US			<b>Mailing Address</b> 2385 SE MARIPOSA AVE. PORT ST. LUCIE, FL 34952 US		
<b>2. Principal Place of Business</b> 2092 MARBLEHEAD WAY		<b>3. Mailing Address</b> 2092 MARBLEHEAD WAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222006 Chg-P CR2E034 (11/05)	
<b>City &amp; State</b> PORT SAINT LUCIE, FL		<b>City &amp; State</b> PORT SAINT LUCIE, FL		<b>4. FEI Number</b> 20-2710481	
<b>Zip</b> 34953		<b>Country</b> PALM BEACH		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  RAMOS, DIEGO 2385 SE MARIPOSA AVE PORT ST. LUCIE, FL 34952			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 2092 MARBLEHEAD WAY  City <b>PORT SAINT LUCIE</b> <b>FL</b> <b>34953</b>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> RAMOS, DIEGO <b>STREET ADDRESS</b> 2385 SE MARIPOSA AVE <b>CITY-ST-ZIP</b> PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete		<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> 2092 MARBLEHEAD WAY <b>STREET ADDRESS</b> PORT ST. LUCIE, FL 34953 <b>CITY-ST-ZIP</b>		
<b>TITLE</b> VP <b>NAME</b> VILLALOBOS, LUZ P <b>STREET ADDRESS</b> 2385 SE MARIPOSA AVE <b>CITY-ST-ZIP</b> PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete		<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> 2092 MARBLEHEAD WAY <b>STREET ADDRESS</b> PORT ST. LUCIE, FL 34953 <b>CITY-ST-ZIP</b>		
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<b>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>					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>DIEGO RAMOS</b>			<b>04/28/06</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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