2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 06, 2008 8:00 am Secretary of State DOCUMENT # P05000059980 1. Entity Name 05-06-2008 90029 004 ***158.75 CITY GRANITE & MARBLE INC. Principal Place of Business Mailing Address 9127-A SW 21 STREET BOCA RATON FL 33428 9127-A SW 21 STREET BOCA RATON FL 33428 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 20-2721781 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CUSTOSIO, GERARDO Street Address (P.O. Box Number is Not Acceptable) 9127 -A SW 21 STREET **BOCA RATON FL 33424** Zip Code FL 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. SIGNATÜÄE Signature, typed or preriod harve of registered agent and the 4 applicable. (NOTE Registered Agent eignature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME CUSTODIO, GERALDO NAME STREET ADDRESS 9127-A SW 21 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** VP Defete TITLE TITLE Change ☐ Addition RODRIGUES, SERGIO MAME MARKE STREET ADORESS 1501 NE 32ND CT. STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davene Phone #

☐ Change

Addition

FILED