## 2006 FOR PROFIT CORPORATION ..... ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # P05000080945 02-17-2006 90082 004 \*\*\*158.75 1. Entity Name A-PLUS GRANITE & MARBLE, INC. Principal Place of Business Mailing Address 7592 W. 30TH LANE 7592 W. 30TH LANE HIALEAH FL 33018 HIALEAH FL 33018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For 56-2518835 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired $\mathbf{z}$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZAYAS, ALFREDO Street Address (P.O. Box Number is Not Acceptable) 7592 W. 30TH LANE HIALEAH FL 33018 City 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11 TITLE □ Delete TITLE ☐ Change ☐ Addition NAME ZAYAS, ALFREDO NAME STREET ADDRESS STREET ADDRESS 7592 W. 30TH LANE CITY-ST-ZIP HIALEAH FL 33018 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change THILE ☐ Detete TiTLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 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.

SIGNATURE:

2/03/06

FILED

Feb 17, 2006 8:00 am