

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 26, 2006 8:00 am**  
**Secretary of State**

05-26-2006 90015 016 \*\*\*150.00

DOCUMENT # P05000107051

1. Entity Name  
CLASSIC GRANITE, INC.



Principal Place of Business  
812 STARLIGHT COVE ROAD  
# 208  
ORLANDO, FL 32828

Mailing Address  
812 STARLIGHT COVE ROAD  
# 208  
ORLANDO, FL 32828

50019763



2. Principal Place of Business  
54 Illiana St

3. Mailing Address  
54 Illiana St.

Suite, Apt. #, etc.  
Unit C & D

Suite, Apt. #, etc.  
Unit C & D

City & State  
Orlando, FLORIDA

City & State  
Orlando, FLORIDA

Zip  
32806

Country  
USA

Zip  
32806

Country  
USA

04262006 Chg-P CR2E034 (11/05)

4. FEI Number  
20-3251651

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PINEDA, LUIS J  
812 STARLIGHT COVE ROAD  
#208  
ORLANDO, FL, FL 32828

Name

Street Address (P.O. Box Number is Not Acceptable)

12813 Sophiamarie Loop

City  
Orlando

FL

Zip Code  
32828

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
PINEDA, LUIS J  
812 STARLIGHT COVE ROAD # 208  
ORLANDO, FL 32828 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
AGUIRRE, JULIETH  
12813 SOPHIAMARIE LOOP  
ORLANDO, FL 32828 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
12813 Sophiamarie Loop  
Orlando, FL 32828 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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☐ Change ☐ Addition

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STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-06 0407-423 9453