

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000155174

1. Entity Name
SLN GRANITE SUPPLY, INC.



**FILED
Apr 19, 2006 8:00 am
Secretary of State**

04-19-2006 90108 013 ***150.00

50013788



04172006 Chg-P CR2E034 (11/05)

Principal Place of Business 6141 MID METRO DR. BLDG. IV, UNIT 5 FORT MYERS, FL 33912	Mailing Address 6141 MID METRO DR. BLDG. IV, UNIT 5 FORT MYERS, FL 33912
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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NUNEZ, SERGIO 6141 MID METRO DR. BLDG. IV, UNIT 5 FORT MYERS, FL 33912	
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4. FEI Number 20-3844509	Applied For <input checked="" 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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7. Name and Address of New Registered Agent	
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Name	
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Street Address (P.O. Box Number is Not Acceptable)	
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City	
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FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NUNEZ, SERGIO 6141 MID METRO DR., BLDG. IV, UNIT 5 FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

SIGNATURE: *Sergio Nunez* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06

(239) 939-0969
Daytime Phone #