## 2008 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P05000155174**

## **FILED** Jan 22, 2008 8:00 am Secretary of State

1. Entity Name SLN GRANITE SUPPLY, INC.							01-22-2008 9	90052 03	37 ***150	).00	
Principal Place of Business 6141 MID METRO DR. BLDG. IV, UNIT 5 FT MYERS, FL 33966			Mailing Address 6141 MID METRO DR. BLDG. IV, UNIT 5 FT MYERS, FL 33966								
2. Principal Place of Business - No P.O. Box #			3. Mailing Address			141 Kili 1111 LEHU 112H		OY HELD IDEN OUR	(111 II		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01152008	Chg-P	CR2E03	34 (12/06)			
City & State			City & State			4. FEI Number Applied For 20-3844509 Not Applied					
Zip	Zip Country		Zip Country		rtry				\$8.75 Add Fee Require	3.75 Additional e Required	
	6. Name and	Address of Current	t Registered Agent			7. Name and /	Address of New R	egistered A	gent		
					Name						
NUNEZ, SERGIO 6141 MID METRO DR. BLDG. IV, UNIT.5					Street Address (P.O. Box Number is Not Acceptable)						
FORT MYERS, FL 33912											
					City			FL	Zip Cor		
	tions of registered	l agent.	or the purpose of changing its				n, in the State of Flo	orida. I am f	amiliar with,	and accept	
	Signature, typed or pri	nted name of registered ager	n and the rappicable (NO)	c: neginere	d Agent signature required	u when remeasing)		DATE			
		E 18 \$150.00 se will be \$550	9. Election Campa Trust Fund Con			.00 May Be led to Fees					
10.	OFFICERS AND DIRECTORS					ADDITIONS/0	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE	P Delete			TITL	E				Change	Addition	
NAME	NUNEZ, SER		NAM	E					,		
STREET ADORESS CITY-ST-ZIP	6141 MID ME										
CHI-SI-ZIF		C1 22066	IV, UNIT 5		EET ADORESS						
	FI. MYERS,	FL 33966		CITY	'-ST-21P				Change	☐ Addition	
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TITLE NAME STREET ADDRESS	FI. MYERS,	FL 33966		CITY TITL	r-ST-ZIP E				☐ Change	Addition	
NAME	FI. MYERS,	FL 33966		CITY TITL NAM STRI	'-ST-ZIP E				Change	☐ Addition	
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indicated on this report or supplymental 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: