
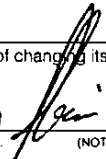



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90437 048 ***350.00

DOCUMENT # P05000163815			
1. Entity Name ADRIANO'S GRANITE, CORP.			
Principal Place of Business 5641 NW 5TH COURT MIAMI, FL 33127		Mailing Address 5641 NW 5TH COURT MIAMI, FL 33127	
2. Principal Place of Business 6005 NE 2 AVENUE Suite, Apt. #, etc. T-26 City & State MIAMI FL Zip 33137 Country DADE		3. Mailing Address 6005 NE 2ND AVENUE Suite, Apt. #, etc. T-26 City & State MIAMI FL Zip 33137 Country DADE	
6. Name and Address of Current Registered Agent PALACIOS, ADRIANO O 60052 NE 5TH AVENUE T-26 MIAMI, FL 33137		7. Name and Address of New Registered Agent Name ADRIANO D. PALACIOS Street Address (P.O. Box Number is Not Acceptable) 6005 NE 2ND AVENUE T-26 City MIAMI FL Zip Code 33137	
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:  DATE: 4-26-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PALACIOS, ADRIANO O 6005 NE 2ND AVE #T-26 MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PADILLA, MARIA A 5641 NW 5TH COURT MIAMI, FL 33127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		4-26-06 (305)757-9833	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

20041977



04262006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3952658 Applied For Not Applicable

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