


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90072 005 ***150.00

DOCUMENT # P06000091127 1. Entity Name LA TIENDA DEL GRANITO, INC					
Principal Place of Business 6540 NW 114 AVE STE 1424 DORAL, FL 33178			Mailing Address 6540 NW 114 AVE STE 1424 DORAL, FL 33178		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 7105 SW 8 ST 306			
City & State Zip Country		City & State MIAMI FL Zip Country 33144		4. FEI Number 20-5181281 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04272007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent ARCEO, CAROLINA B 6540 NW 114 AVE STE 1424 DORAL, FL 33178			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	DO ARCEO, CAROLINA B 6540 NW 114 AVE STE 1424 DORAL, FL 33178 <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	DO VIDAL, CARLOS A 6540 NW 114 AVE STE 1424 DORAL, FL 33178 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Carolina B Arceo</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/30/07 3052263443 Date Daytime Phone #		

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