

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90082 001 ***150.00

DOCUMENT # P06000117281

1. Entity Name
GRANITE KITCHEN DESIGN, INC.



Principal Place of Business
**750 WEST 26 STREET
HIALEAH, FL 33010**

Mailing Address
**750 WEST 26 STREET
HIALEAH, FL 33010**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-5528402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OSORIO, JAVIER
3582 WEST 75 PLACE
HIALEAH, FL 33018**

7. Name and Address of New Registered Agent

Name **JACK GUARDADO**

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

8820 NW 150 street

City **Miami Lakes**

FL

Zip Code **33018**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/7/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **OSORIO, JAVIER**
STREET ADDRESS **3582 WEST 75 PLACE**
CITY-ST-ZIP **HIALEAH, FL 33018**

TITLE **DV** ☐ Delete
NAME **MARTINEZ, ERVIN**
STREET ADDRESS **17641 NW 82 CT**
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Change ☒ Addition
NAME **JACK GUARDADO**
STREET ADDRESS **8820 NW 150 street**
CITY-ST-ZIP **Miami Lakes FL 33018**

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

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TITLE ☐ Change ☐ Addition
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/07

Date

Daytime Phone #

954-2972974