


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

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05-02-2007 90090 012 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000119022 1. Entity Name GRANITE "BY" US - NAPLES CORP.		
Principal Place of Business 2237-2 J&C BLVD NAPLES, FL 34109		Mailing Address 2237-2 J&C BLVD NAPLES, FL 34109
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip		Zip
Country		Country
66019095		04252007 Chg-P CR2E034 (12/06)
4. FEI Number 30-0383034		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BARBOSA, ANDREIA 21000 NE 24TH CT N MIAMI, FL 33180		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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.		FL Zip Code
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>		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 PD	NAME BARBOSA, ALEXANDER	TITLE
STREET ADDRESS 5006 SW 137TH TERR	CITY-ST-ZIP MIRAMAR, FL 33027	STREET ADDRESS
CITY-ST-ZIP 		CITY-ST-ZIP
TITLE VPD	NAME DEMELLO, ANDREW	TITLE
STREET ADDRESS 912 MILAN AVE	CITY-ST-ZIP CORAL GABLES, FL 33134	STREET ADDRESS
CITY-ST-ZIP 		CITY-ST-ZIP
TITLE TSD	NAME BARBOSA, ANDREIA	TITLE
STREET ADDRESS 21000 NE 24TH CT	CITY-ST-ZIP N MIAMI, FL 33180	STREET ADDRESS
CITY-ST-ZIP 		CITY-ST-ZIP
TITLE 	NAME 	TITLE
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS
CITY-ST-ZIP 		CITY-ST-ZIP
TITLE 	NAME 	TITLE
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS
CITY-ST-ZIP 		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: <u>Andrew Demello</u> - Andrew Demello		Date <u>04/30/07</u> (239)5946800