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Secretary of State

05-21-2008 90019 050 ***558.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000110945

1. Entity Name
CABINET & GRANITE CORP.

66014025

05072008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
42070-42072 US HIGHWAY 19N TARPON SPRINGS, FL 34689	42070-42072 US HIGHWAY 19N TARPON SPRINGS, FL 34689
2. Principal Place of Business - No P.O. Box #	3. Mailing Address: 45 Division Street #218
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: New York, NY 10002
Zip / Country	Zip: 10002 / Country: USA

4. FEI Number: 26-1448014 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YANG, DONG
42070-42072 US HIGHWAY 19N
TARPON SPRINGS, FL 34689

7. Name and Address of New Registered Agent

Name: Po Yeung Wang
Street Address (P.O. Box Number is Not Acceptable): 42070-42072 US Highway 19N
City: Tarpon Springs FL Zip Code: 34689

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] DATE: 6/5/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	Dong Yang President 42070-42072 US Highway 19N Tarpon Springs, FL 34689 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Po Yeung Wang President 42070-42072 US Highway 19N Tarpon Springs, FL 34689 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] President 6/5/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #