


2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
06-13-2005 99002.012 ***150.00
FILED
P96000019502

05 JUN 20 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000019502		
1. Entity Name CARRARA MARBLE & GRANITE COMPANY, INC.		

Principal Place of Business 2097 TRADE CENTER WAY NAPLES, FL 34109 US	Mailing Address 2097 TRADE CENTER WAY NAPLES, FL 34109 US
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2. Principal Place of Business 8133 RONDA COURT	3. Mailing Address P.O. Box 366
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NAPLES, FL	City & State NAPLES, FLORIDA
Zip 34109	Country U.S.A.
City & State NAPLES, FL	City & State NAPLES, FLORIDA
Zip 34109	Country U.S.A.



04272005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0645570	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 SZEPESI, STEVEN D 2097 TRADE CENTER WAY NAPLES, FL 34109	7. Name and Address of New Registered Agent Name SZEPESI, STEVEN D Street Address (P.O. Box Number is Not Acceptable) 8133 RONDA COURT City NAPLES FL Zip Code 34109
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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 6-09-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME SZEPESI, STEVE	TITLE	NAME
STREET ADDRESS 2097 TRADE CENTER WAY	CITY-ST-ZIP NAPLES, FL 34109	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: STEVEN SZEPESI DATE: 6-09-05 DAYTIME PHONE #: 239-564-4648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR