

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90044 010 \*\*\*158.75

<b>DOCUMENT # P97000073301</b> 1. Entity Name <b>BRAZILIAN MARBLE &amp; GRANITE CORP.</b>			
Principal Place of Business <b>521 INDUSTRIAL STREET LAKE WORTH, FL 33461</b>		Mailing Address <b>521 INDUSTRIAL STREET LAKE WORTH, FL 33461</b>	
2. Principal Place of Business - No P.O. Box # <b>1820 7th AVE. NORTH</b>		3. Mailing Address <b>1820 7th AVE. NORTH</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Lake Worth - FL</b>		City & State <b>Lake Worth - FL</b>	
Zip <b>33461</b>	Country <b>Palm Beach</b>	Zip <b>33461</b>	Country <b>Palm Beach</b>
4. FEI Number <b>65-0776316</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA P A 1840 SW 22ND STREET 4TH FLOOR MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PDST</b>	NAME <b>VITALI, FERNANDO</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>2383 WATER CIRCLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>LAKE WORTH, FL 33461</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	<input type="checkbox"/> Delete		
NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	<input type="checkbox"/> Delete		
NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	<input type="checkbox"/> Delete		
NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> <u>Fernando Vitali</u>		<b>4-9-07 561-5868118</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	