## 2004 FOR PROFIT CORPORATION

## Apr 16, 2004 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P98000020245 1. Entity Name **GRANITE CAPITAL CORPORATION** Principal Place of Business Mailing Address 1015 10TH ST 1015 10TH ST ŁAKE PARK, FL 33403 LAKE PARK, FL 33403 03192004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied 65-0821398 Not App \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIMOES, RANDALL DO NOT WRITE 1015 10TH ST LAKE PARK, FL 33403 IN THIS SPACE 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 a the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agant and title if applicable. DATE (NOTE: Registered Agent eignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE SIMOES, RANDALL S NAME STREET ADDRESS 1015 10TH ST U00000116865 04/16/04-80086-020 150.00 CITY-ST-ZP LAKE PARK, FL 33403 TITLE STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE

**FILED** 

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 informationicated 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 directly 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. changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

-R. Simoses - pros 4/6/04