## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Jul 26, 2004 08:00 AM DOCUMENT # P98000089235 **Secretary of State** 1. Entity Name GRANITE ASSOCIATES, INC. Mailing Address Principal Place of Business 407 SE 9TH ST 407 SE 9TH ST SUITE 200 SUITE 200 FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316 07232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0868628 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORRELL, JAMES M -DO NOT WRITE **12315 NW 49TH STREET** CORAL SPRINGS, FL 33076 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 accept the obligations of registered agent. (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the П Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Bue by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE NATALE, NICHOLAS A NAME U00000168475 07/26/04-80015-014 158.75 3215 NW 10TH PLACE STREET ADDRESS DELRAY BEACH, FL 33445 CITY-ST-7IP MORRELL, JAMES M NAME STREET ADDRESS 12315 NW 49TH STREET CORAL SPRINGS, FL 33076 CITY-ST-ZIP 7373*T* NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY -ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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.

**FILED** 

P.C4 33Z-1200