




**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 14, 2004 08:00 AM
Secretary of State

| | | | |
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| DOCUMENT # P99000004174 1. Entity Name GREENSUN MARBLE & GRANITE, INC. | |  | |
| Principal Place of Business 17356 NW 66TH COURT MIAMI LAKES, FL 33015-4429 | | Mailing Address 17356 NW 66TH COURT MIAMI LAKES, FL 33015-4429 | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 04082004 No Chg-P CR2E034 (10/03) | |
| | | 4. FEI Number: 65-0887238 Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent LUNA, LUIS R 343 ALMERIA AVENUE CORAL GABLES, FL 33134 | | DO NOT WRITE 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. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | U000000112133 04/14/04-80010-018 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LUNA, LUIS R 17356 NW 66TH COURT MIAMI LAKES, FL 330154429 | DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVD LUNA, NORMA N 17356 NW 66TH COURT MIAMI LAKES, FL 330154429 | | |
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| 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | 4-8-04 - 305-828-4609 Date Daytime Phone # | |