
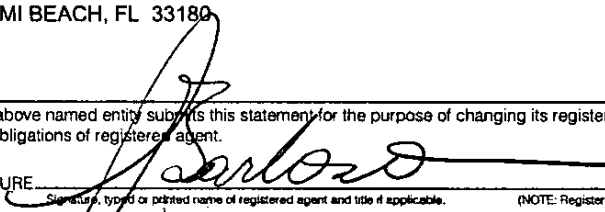
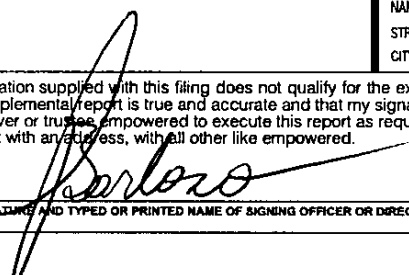


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90046 008 ***150.00

DOCUMENT # P99000089264 1. Entity Name GRANITE BY US CORPORATION					
Principal Place of Business 4636 NW 74TH AVENUE MIAMI, FL 33166			Mailing Address 4636 NW 74TH AVENUE MIAMI, FL 33166		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0973885	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BARBOSA, ANDREIA 21010 NE 24TH COURT N MIAMI BEACH, FL 33180				7. Name and Address of New Registered Agent Name BARBOSA, ANDREIA Street Address (P.O. Box Number is Not Acceptable) 4636 NW 74th AVENUE City MIAMI FL Zip Code 33166	
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 reconstituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBOSA, ANDREIA 21010 NE 24TH COURT N MIAMI BEACH, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARBOSA, ALEXANDER 18061 BISCAYNE BLVD APT #1803 N MIAMI BEACH, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBOSA, ANDREIA 4636 NW 74th AVENUE, MIAMI, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARBOSA, ALEXANDER 4636 NW 74th AVENUE, MIAMI, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBOSA, ANDREIA 4636 NW 74th AVENUE, MIAMI, FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARBOSA, ALEXANDER 4636 NW 74th AVENUE, MIAMI, FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBOSA, ANDREIA 4636 NW 74th AVENUE, MIAMI, FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARBOSA, ALEXANDER 4636 NW 74th AVENUE, MIAMI, FL 33166	<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.					
SIGNATURE: 			01/17/06 (305) 640-9744		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		