

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90053 038 ***150.00

DOCUMENT # P02000063931 1. Entity Name AMERICAN MARBLE BRITE, INC.					
Principal Place of Business 7610 STIRLING RD E-206 DAVIE, FL 33024			Mailing Address 7610 STIRLING RD E-206 DAVIE, FL 33024		
2. Principal Place of Business 7041 SW 22 CT. Suite, Apt. #, etc.		3. Mailing Address 7041 SW 22 CT Suite, Apt. #, etc.			
City & State DAVIE, FL		City & State DAVIE, FL		4. FEI Number 30-0085670	
Zip 33317		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, ALFREDO A 7610 STIRLING RD #E-206 DAVIE, FL 33024				7. Name and Address of New Registered Agent Name ALFREDO GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 7041 SW 22 CT. City DAVIE FL Zip Code 33317	
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: 2/18/05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D ☐ Delete GONZALEZ, ALFREDO A 7610 STIRLING RD E206 DAVIE, FL 33024		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ☒ Change ☐ Addition ALFREDO A GONZALEZ 7041 SW 22 CT. DAVIE, FL 33317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:			DATE: 2/18/05 (554) 444-6058		