

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000015319

1. Entity Name  
IMPERIAL CUSTOM MARBLE & GRANITE, INC.



FILED

08 MAR 21 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4401 E. BROADWAY AVE.  
TAMPA, FL 33605

Mailing Address  
4401 E. BROADWAY AVE.  
TAMPA, FL 33605



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number  
59-3626329

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOMEZ, MARIA C  
4401 E. BROADWAY AVE.  
TAMPA, FL 33605

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 VSTD ☐ Delete  
NAME GOMEZ, MARIA C  
STREET ADDRESS 4401 E. BROADWAY AVE.  
CITY-ST-ZIP TAMPA, FL 33605

TITLE ☒ Change ☐ Addition  
NAME P/H/S  
STREET ADDRESS  
CITY-ST-ZIP

TITLE C ☐ Delete  
NAME GOMEZ, MARIA C  
STREET ADDRESS 4401 E. BROADWAY AVE.  
CITY-ST-ZIP TAMPA, FL 33605

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PDC ☐ Delete  
NAME GOMEZ, MICHAEL M  
STREET ADDRESS 4401 E. BROADWAY AVE.  
CITY-ST-ZIP TAMPA, FL 33605

TITLE V/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Maria C. Gomez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08

Date

813-248-3136

Daytime Phone #