
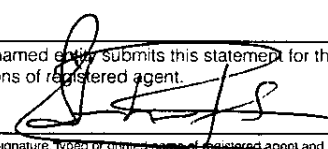


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90027 013 \*\*\*150.00

<b>DOCUMENT # P00000069130</b>			
1. Entity Name COUNTRY ANTIQUE MARBLE, INC.			
Principal Place of Business 1790 POWERLINE RD CIRCLE #2 POMPANO BEACH FL 33069		Mailing Address 1790 POWERLINE RD CIRCLE #2 POMPANO BEACH FL 33069	
2. Principal Place of Business 710 S. Powerline rd Suite C Deerfield Beach FL 33442 USA		3. Mailing Address 710 S. Powerline Rd Suite C Deerfield Beach FL 33442 USA	
4. FEI Number 65-1025299		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent FRANCO, JOHN 1790 POWERLINE RD CIRCLE #2 POMPANO BEACH FL 33069	
7. Name and Address of New Registered Agent 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	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS TITLE P <input type="checkbox"/> Delete NAME BONENTE, FAUSTO STREET ADDRESS 5151 COLLINS AVENUE #732 CITY-ST-ZIP MIAMI BEACH FL 33140 TITLE VP <input type="checkbox"/> Delete NAME FRANCO, JOHN STREET ADDRESS 1405 BRIDGEWOOD DR CITY-ST-ZIP BOCA RATON FL 33434 TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		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.	



MOORE CR2E034 (11/03)

**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-04

Date

Daytime Phone #

954-480-0187