


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90422 040 \*\*\*150.00

<b>DOCUMENT # P01000081023</b> 1. Entity Name <b>NATIONAL SOLID SURFACE DISTRIBUTORS, INC.</b>																													
Principal Place of Business <b>1090 NW 53 STREET FORT LAUDERDALE, FL 33309 US</b>			Mailing Address <b>1090 NW 53 STREET BUILDING 7E FORT LAUDERDALE, FL 33309 US</b>																										
2. Principal Place of Business <b>3930 NE 5TH AVE</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>3930 NE 5TH AVE</b> <small>Suite, Apt. #, etc.</small>																											
City & State <b>OAKLAND PARK, FL</b>		City & State <b>OAKLAND PARK, FL</b>		4. FEI Number <b>65-1133646</b>																									
Zip <b>33334</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>BONUSO, FRANK N 1090 NW 53 STREET FORT LAUDERDALE, FL 33309</b>																											
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3930 NE 5TH AVE</b> City <b>OAKLAND PARK</b> FL Zip Code <b>33334</b>		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 <b>FRANK N. BONUSO, Frank N. Bonuso</b> <b>4/15/2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D BONUSO, FRANK N</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><del>1090 NW 53 STREET</del></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"><del>FORT LAUDERDALE, FL 33309</del></td> </tr> </table>			TITLE	D BONUSO, FRANK N	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	<del>1090 NW 53 STREET</del>		CITY-ST-ZIP	<del>FORT LAUDERDALE, FL 33309</del>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">FRANK N. BONUSO</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">3930 NE 5TH AVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">OAKLAND PARK, FL 33334</td> </tr> </table>			TITLE	FRANK N. BONUSO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	3930 NE 5TH AVE		CITY-ST-ZIP	OAKLAND PARK, FL 33334	
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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: <b>FRANK N. BONUSO, Frank N. Bonuso</b> <b>4/15/2004</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													

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