

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # **PO 1000095282**

1. Entity Name

AMERICA MARBLE & STONE Corp.



Principal Place of Business

3572 SW 25th

Mailing Address

MIAMI FL 33133

2. Principal Place of Business

4470 SW 7th

Suite, Apt. #, etc.

3. Mailing Address

4470 SW 7th

Suite, Apt. #, etc.

City & State

MIAMI FLA.

City & State

MIAMI FLA.

Zip

33134

Country

USA

Zip

33134

Country

USA

01312005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1149756

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OMAR E. HERNANDEZ

3572 SW 25th

MIAMI FL 33133

7. Name and Address of New Registered Agent

Name **OMAR E. HERNANDEZ**

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

4470 SW 7th

City

MIAMI

FL

Zip Code

33134

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

04-25-05

**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

TITLE **OMAR E. HERNANDEZ** ☒ Delete
NAME
STREET ADDRESS **3572 SW 25th**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE **OMAR E. HERNANDEZ** ☐ Change ☒ Addition
NAME
STREET ADDRESS **4470 SW 7th**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **900054016599**
CITY-ST-ZIP **05/06/05--01072--008 **150.00**

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

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

TITLE ☐ Change ☐ Addition
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 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:

[Signature]

04-25-05 3057783093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #