


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P02000020240  
 1. Entity Name  
 AMB CARPENTRY, INC.



Principal Place of Business      Mailing Address  
 144 HAMILTON TERR      144 HAMILTON TERR  
 ROYAL PALM BEACH, FL 33414      ROYAL PALM BEACH, FL 33414

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



03262008      Chg-P      CR2E034 (12/06)  
 4. FEI Number      Applied For  
 03-0392469      Not Applicable  
 5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ZOLTAN AMBRUS  
 144 HAMILTON TERR  
 ROYAL PALM BEACH, FL 33414

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P AMBRUS, ZOLTAN 144 HAMILTON TERR ROYAL PALM BEACH, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000882962 Change <input type="checkbox"/> Addition 04/16/08-80061-018 150.00
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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: Zoltan Ambrus - ZOLTAN AMBRUS      04/02/08      954-275-9387  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #