


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90722 008 ***150.00

DOCUMENT # P02000026498					
1. Entity Name AMERICAN-MADE PYROTECHNIC SUPPLIES, INC.					
Principal Place of Business 2644 SW 49TH COURT FORT LAUDERDALE, FL 33312			Mailing Address 2644 SW 49TH COURT FORT LAUDERDALE, FL 33312		
2. Principal Place of Business 4101 Ravenswood Road		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DANIA BEACH FL		City & State		4. FEI Number 33-0996550	
Zip 33312		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERGUSON, JUDITH M. 2644 SW 49TH COURT FORT LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name: GARY LAMBERT Street Address (P.O. Box Number is Not Acceptable): 4101 RAVENSWOOD ROAD City: DANIA BEACH FL Zip Code: 33312		
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: <i>Gary Lambert</i> GARY LAMBERT 4/14/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME FREEDMAN, STEVEN B STREET ADDRESS 671 LONE PINE LANE CITY-ST-ZIP WESTON, FL 33327	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME LAMBERT, GARY STREET ADDRESS 12501 SW 93RD AVENUE CITY-ST-ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME FERGUSON, JUDITH M STREET ADDRESS 17458 SW 36TH STREET CITY-ST-ZIP MIRAMAR, FL 33029	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STD FERGUSON, JUDITH M. 2644 SW 49th Ct. FORT LAUDERDALE, FL 33312	
TITLE D NAME MCCLESKEY, MARGARET H STREET ADDRESS 17458 SW 36TH STREET CITY-ST-ZIP MIRAMAR, FL 33029	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WARHURST, JANICE M STREET ADDRESS 6384 HUNTER POINTE CITY-ST-ZIP WESTLAND, MI 48185	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Judith M. Ferguson, STD</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/15/04 954 965-7926 Date Daytime Phone #		