


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90432 010 \*\*\*150.00

<b>DOCUMENT # P02000063931</b> 1. Entity Name <b>AMERICAN MARBLE BRITE, INC.</b>					
Principal Place of Business <b>4195 NW 76 AVENUE DAVIE, FL 33024</b>			Mailing Address <b>4195 NW 76 AVENUE DAVIE, FL 33024</b>		
2. Principal Place of Business <b>7610 STIRLING RD</b>		3. Mailing Address <b>7610 STIRLING RD</b>			
Suite, Apt. #, etc. <b>E-206</b>		Suite, Apt. #, etc. <b>E-206</b>			
City & State <b>DAVIE, FLORIDA</b>		City & State <b>DAVIE, FLORIDA</b>			
Zip <b>33024</b>		Country <b>BROWARD</b>		4. FEI Number <b>30-0085670</b>	
Zip <b>33024</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GONZALEZ, ALFREDO A 4195 NW 76 AVENUE DAVIE, FL 33024</b>			7. Name and Address of New Registered Agent Name <b>ALFREDO GONZALEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>7610 STIRLING RD # E-206</b> City <b>DAVIE</b> <b>FL</b> Zip Code <b>33024</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GONZALEZ, ALFREDO A</b> <b>4195 NW 76 AVENUE</b> <b>DAVIE, FL 33024</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>ALFREDO GONZALEZ</b> <b>7610 STIRLING RD E206</b> <b>DAVIE, FLORIDA 33024</b> <input checked="" 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	
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	
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	
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	
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.					
<b>SIGNATURE:</b> _____ <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>					
Date _____				Daytime Phone # <b>(954) 444-2658</b>	

94064474



01292004 Chg-P CR2E034 (10/03)