


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90036 003 ***150.00

DOCUMENT # P02000063931 1. Entity Name AMERICAN MARBLE BRITE, INC.			
Principal Place of Business 7041 SW 22ND CT DAVIE, FL 33317		Mailing Address 7041 SW 22ND CT E-206 DAVIE, FL 33317	
2. Principal Place of Business <i>1880 Fern Rd.</i>		3. Mailing Address <i>1880 Fern Rd.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Plantation, FL</i>		City & State <i>Plantation, FL</i>	
Zip <i>33317</i> Country		Zip <i>33317</i> Country	
4. FEI Number 30-0085670		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, ALFREDO A 7041 SW 22ND CT DAVIE, FL 33317		7. Name and Address of New Registered Agent Name <i>Alfredo A. Gonzalez</i> Street Address (P.O. Box Number is Not Acceptable) <i>1880 Fern Rd.</i> City <i>Plantation</i> FL Zip Code <i>33317</i>	
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>[Signature]</i> DATE <i>5/24/06</i> <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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, ALFREDO A 7041 SW 22ND CT DAVIE, FL 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Alfredo Gonzalez</i> <i>1880 Fern Rd.</i> <i>Plantation, FL 33317</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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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 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: <i>[Signature]</i>		Date <i>5/24/06</i> Daytime Phone # <i>(954) 444-2558</i>	

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