


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-26-2004 91285 046 ***150.00

DOCUMENT # P03000020235	
1. Entity Name MARBLE KITCHEN CREATIONS, INC.	

Principal Place of Business 801 SW 56TH AVE. MARGATE FL 33068	Mailing Address 801 SW 56TH AVE. MARGATE FL 33068
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2. Principal Place of Business 2113nw.settle ave#B1	3. Mailing Address 2113nw.settle ave.
Suite, Apt. #, etc. port st.lucie fl.	Suite, Apt. #, etc. # B1
City & State	City & State port st. lucie fl.
Zip 34986	Country
Country	Zip 34986
Country	Country

11000000



MOORE CR2E034 (11/03)

4. FEI Number 04-3752 732		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CHAVEZ, LIBORIO 801 SW 56TH AVE. MARGATE FL 33068		7. Name and Address of New Registered Agent Name CHAVEZ, LIBORIO Street Address (P.O. Box Number is Not Acceptable) 2113nw.settle ave.#B1 City port st.lucie FL Zip Code 34986

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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAVEZ, LIBORIO 801 SW 56TH AVE. MARGATE FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAVEZ, LIBORIO 2113nw.settle ave #b1 port st.lucie fl.34986 <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 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: LIBORIO CHAVEZ 4/23/04 954-592-6075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #