


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P29960 |  |
| 1. Entity Name PORCELANITE, INC. | |

| | |
|---|---|
| Principal Place of Business 1184 W CORPORATE DR ARLINGTON, TX 76006 | Mailing Address 1184 W CORPORATE DR ARLINGTON, TX 76006 |
|---|---|

DO NOT WRITE IN THIS SPACE



01202004 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 56-0639028 | 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

**CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

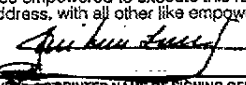
10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COBD ABOMRAD, ALEJANDRO BOSQUES DE CIRUELOS #130-8 BOSQUE DE LAS LOMAS, MX cp 11700 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P AGUIRRE, FELIX 1184 W CORPORATE DR ARLINGTON, TX 76006 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C LISEA, JOSE L 1184 W CORPORATE DR ARLINGTON, TX 76006 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T VARGAS, FERNANDO BOSQUES DE CIRUELOS #130-8 BOSQUE DE LAS LOMAS, MX 11700 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ACHUNDIA, ALEJANDRO BOSQUES DE CIRUELOS #130-8 BOSQUE DE LAS LOMAS, MX 11700 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

4000000061735
02/23/04-60092-018 150.00

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:  **2/13/04 (817) 607 1525**

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