


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P01000099146

1. Entity Name
MADIEDO'S DECO STONE, INC.



Principal Place of Business Mailing Address

1152 W 27 ST APT 204 1152 W 27 ST APT 204
 HIALEAH, FL 33010 HIALEAH, FL 33010

DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-1145610 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MADIEDO, FRANCISCO F
 1152 W 27 ST APT 204
 HIALEAH, FL 33010

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

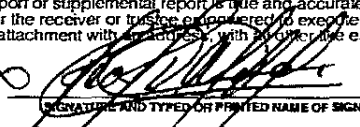
UN0000063457
 02/23/04-80162-008 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MADIEDO, FRANCISCO F
STREET ADDRESS	1152 W 27 ST APT 204
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	VD
NAME	MADIEDO, MAYELIN
STREET ADDRESS	1152 W 27 ST APT 204
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 or authorized to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with my title, and my name empowered.

SIGNATURE:  Date: 2/14/04 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR