07-05-2005 90111 006 ***159.00
P01000112725

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000112725

FILED
JUL 19 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50054395

1. Entity Name
USA STONE INSTALLATION, INC.

Principal Place of Business	Mailing Address
1756 WEST 56 TERR HIALEAH, FL 33012	1756 WEST 56 TERR HIALEAH, FL 33012

05202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1756W 56 terr	1756W 56 Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah, FL	City & State: Hialeah, FL
Zip: 33012 Country: USA	Zip: 33012 Country: USA

4. FEI Number APPLIED FOR 657156464 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PADRON, WALBERTO V 1756 WEST 56 TERRACE HIALEAH, FL 33012	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MENDEZ, ARAMIS 1756 WEST 56 TERRACE HIALEAH, FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PADRON, WALBERTO 1756 WEST 56 TERRACE HIALEAH, FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SIEJAS, YOHORDANA 6050 SW 35TH CT DAVIE, FL-33314	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Aramis Mendez 06-25-05 7542140242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #