

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 19 AM 8:30

DOCUMENT # P03000020432

1. Entity Name
VOLCANIC STONE, INC.



Principal Place of Business
3315 NW NORTH RIVER DRIVE
MIAMI, FL 33142 US

Mailing Address
3315 NW NORTH RIVER DRIVE
MIAMI, FL 33142 US

2. Principal Place of Business

13405 SW 128th Street

Suite, Apt. #, etc.

Suite 207B

City & State

Miami FL

Zip

33186

Country

Miami-Dade

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

09142005

Chg-P

CR2E034 (10/03)

4. FEI Number

90-0060889

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROJAS, JUAN F
3315 NW NORTH RIVER DRIVE
MIAMI, FL 33142

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by October 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ROJAS, JUAN F
3315 NW NORTH RIVER DRIVE
MIAMI, FL 33142 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000059748030
09/19/05--01056--025 **150.00

TITLE
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2082

VOLCANIC STONE, INC.
13405 SW 128th Street Suite 207B
Miami FL 33186
P03000020432

September 14, 2005.

Florida Department of State
Division of Corporation
P.O.Box 6327
Tallahassee FL 32314

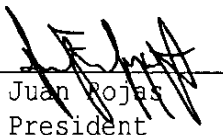
Dear Secretary of State:

I would like to request, penalty exemption for late payment on the Annual Report for 2005. The reason is because I did not know about this corporate fee, as well as, I never received a notice about it. It was probably sent to the old address, but the new one is on the heading of this letter.

I need to keep my business open to provide me with a job. Furthermore, I cannot afford the penalty fee because the business is not doing well. I am enclosing a check for \$150 dollars.

I will really appreciate your help and consideration to this matter.

Sincerely,



Juan Rojas
President