

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

06-07-2004 90002 050 \*\*\*150.00

**DOCUMENT # P03000085536**

1. Entity Name  
**STONE REVIVAL, CORP.**



Principal Place of Business  
**7951 SW 40 STREET STE 206  
MIAMI, FL 33155**

Mailing Address  
**7951 SW 40 STREET STE 206  
MIAMI, FL 33155**

**54056901**



2. Principal Place of Business  
**6511 SANTONA STREET**

3. Mailing Address  
**6511 SANTONA STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06042004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For  
Not Applicable

Zip  
**33146**

Country  
**US**

Zip  
**33146**

Country  
**US**

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

**DIAZ, OSVALDO J  
7951 SW 40 STREET STE 206  
MIAMI, FL 33155**

Name

**CARLOS DE LA OSSA**

Street Address (P.O. Box Number is Not Acceptable)

**6511 SANTONA STREET**

City

**CONAL GABLES FL**

Zip Code

**33146**

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 September 8, 2004**

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  
**PSTD  
DE LA OSSA, CARLOS  
7951 SW 40 STREET STE 206  
MIAMI, FL 33155** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/IS/T/D  
DE LA OSSA CARLOS  
6511 SANTONA STREET** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CONAL GABLES FL 33146** ☐ Change ☐ Addition

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment  
Doc. # P0300085536

570526901

June 4, 2004

Florida Department of State  
Division Of Corporations  
P.O. Box 6198  
Tallahassee, Fl 32314

Re: Document # P0300085536

To whom it may concern,

Please be advised we had not received our Form UBR for 2004 and when we looked on line we noticed your office still had our old address on file. We have made the corrections on the Form so this doesn't happen again next year. Please process this form and check to bring our account current.

We assure you it will not happen again and if you have any questions please call me at 786 301-2821.

Thank you for your assistance and we look forward to a favorable response.

Regards,



Carlos De La Ossa, President