

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90037 010 \*\*\*150.00



**DOCUMENT # P05000048309**  
 1. Entity Name  
**HARDSTONE MARBLE AND GRANITE, INC.**

Principal Place of Business      Mailing Address  
 2375 NE 173 STREET - APT B-218      2375 NE 173 STREET - APT B-218  
 NORTH MIAMI, FL 33160      NORTH MIAMI, FL 33160



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**21111 NE 25 CT**      **21111 NE 25 CT**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04052008      Chg-P      CR2E034 (12/06)

City & State      City & State  
**MIAMI, FL.**      **MIAMI, FL.**

4. FEI Number      Applied For  
**20-2543250**      Not Applicable

Zip      Country      Zip      Country  
**33180**           **33180**           **\$8.75 Additional Fee Required**

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

6. Name and Address of Current Registered Agent  
**SARDI, MARIANO**  
 2375 NE 173 STREET - APT B-218  
 NORTH MIAMI, FL 33160

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**21111 NE 25 CT**  
 City **MIAMI**      **FL**      Zip Code **33180**

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]*      DATE **04/05/08**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**      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 SARDI, MARIANO 2375 NE 173 STREET - APT B-218 NORTH MIAMI, FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SILVA, NATALIA 2375 NE 173 STREET - APT B-218 NORTH MIAMI, FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	  21111 NE 25 CT MIAMI, FL. 33180 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	  21111 NE 25 CT MIAMI, FL. 33180 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*      DATE **04/05/08**  
Signature and Typed or Printed Name of Signing Officer or Director      Date      Daytime Phone #