


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000086849**  
1. Entity Name  
**STONE TECH INT'L MARBLE & GRANITE INC.**



Principal Place of Business      Mailing Address  
7435 CENTRAL INDUSTRIES DRIVE STE B      7435 CENTRAL INDUSTRIES DRIVE STE B  
WEST PALM BEACH, FL 33404      WEST PALM BEACH, FL 33404

**DO NOT WRITE IN THIS SPACE**



02152005      No Chg-P      CR2E034 (10/03)

4. FEI Number <b>65-0471109</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**GIOVANNI, BRIGUGLIO**  
104 RIDGE ROAD  
JUPITER, FL 33477

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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 reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	D GIOVANNI, BRIGUGLIO 104 RIDGE RD JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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001000238317  
02/21/05-80096-017 150.00

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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, 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:       2/17/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #