


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 31, 2008 8:00 am
Secretary of State

07-31-2008 90043 024 ***550.00

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1. Entity Name
STONE TECH INT'L MARBLE & GRANITE INC.



Principal Place of Business Mailing Address
2700 QUANTUM BLVD. **2700 QUANTUM BLVD.**
BOYNTON BEACH FL 33426 **BOYNTON BEACH FL 33426**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



1st MOORE CR2E034 (10/07)

4. FEI Number Applied For
65-0471109 Not Applicable

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

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

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 _____ 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, 2008 Fee Will Be \$550.00.
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GIOVANNI, BRIGUGLIO.	
STREET ADDRESS	104 RIDGE RD	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRIGUGLIO, JOSEPHINE A	
STREET ADDRESS	104 RIDGE RD	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOMENICO BRIGUGLIO	
STREET ADDRESS	104 RIDGE RD	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNA MARIA CASALE	
STREET ADDRESS	9656 ARAIA WAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMEL CASALE	
STREET ADDRESS	9656 ARAIA WAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Josephine Briguglio* **JOSEPHINE BRIGUGLIO** 7-25-08 561-738-9919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #