

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V18193

FILED
Apr 01, 2011
Secretary of State

Entity Name: LIONSTONE GROUP, INC.

Current Principal Place of Business:

605 LINCOLN RD
STE 500
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

605 LINCOLN RD
STE 500
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-1981657 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAZAR, BRUCE E.
605 LINCOLN RD
STE 500
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP
Name: LOWENSTEIN, ALFREDO
Address: SALITA CARLO BOSSOLI 3 - APT 6
City-St-Zip: LUGANO, TICINO SWITZERLAND, SW 6900

Title: DV
Name: LOWENSTEIN, DIEGO
Address: 605 LINCOLN RD - 5TH FL
City-St-Zip: MIAMI BEACH, FL 33139

Title: DV
Name: LOWENSTEIN, PAULA
Address: 605 LINCOLN RD - 5TH FL
City-St-Zip: MIAMI BEACH, FL 33139

Title: DV
Name: LOWENSTEIN-ELORTEGUI, FLAVIA
Address: 605 LINCOLN RD - 5TH FL
City-St-Zip: MIAMI BEACH, FL 33139

Title: DV
Name: LOWENSTEIN, CARLA
Address: 605 LINCOLN RD - 5TH FL
City-St-Zip: MIAMI BEACH, FL 33139

Title: VS
Name: LAZAR, BRUCE E
Address: 605 LINCOLN ROAD - 5TH FL
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE LAZAR

VS

04/01/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date