## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED SECRETARY OF STATE DIVISION OF COMPORATIONS DOCUMENT # P03000020432 1. Entity Name 05 SEP 19 AM 8: 30 VOLCANIC STONE, INC. Principal Place of Business Mailing Address 3315 NW NORTH RIVER DRIVE 3315 NW NORTH RIVER DRIVE MIAMI, FL 33142 US MIAMI, FL 33142 US 2. Principal Place of Business 45 3. Mailing Address Samo Suite, Apt. #, etc.
Suite 207 B Suite, Apt. #, etc. 09142005 CR2E034 (10/03) Cha-P City & State City & State 4 FELNumber Applied For Miami 90-0060889 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33186 Miami-Dade Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROJAS, JUAN F 3315 NW NORTH RIVER DRIVE Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33142 City Zip Code FL 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 d title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE'IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by October 1, 2005 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition ROJAS, JUAN F NAME NAME STREET ADDRESS 3315 NW NORTH RIVER DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 CITY-ST-ZIP TITLE ☐ Detete DILE ☐ Change ☐ Addition NAME NAME 000059748030 09/19/05--01056--025 \*\*150.00 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE .... Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: 🔀

SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VOLCANIC STONE, INC. 13405 SW 128<sup>th</sup> Street Suite 207B Miami FL 33186 P03000020432

September 14,2005.

Florida Department of State Division of Corporation P.O.Box 6327 Tallahassee FL 32314

Dear Secretary of State:

I would like to request, penalty exemption for late payment on the Annual Report for 2005. The reason is because I did not know about this corporate fee, as well as, I never received a notice about it. It was probably sent to the old address, but the new one is on the heading of this letter.

I need to keep my business open to provide me with a job. Furthermore, I cannot afford the penalty fee because the business is not doing well. I am enclosing a check for \$150 dollars.

I will really appreciate your help and consideration to this matter.

Sincerely,

President