2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with

SIGNATURE:

Feb 13, 2008 8:00 am **Secretary of State** DOCUMENT # P05000094912 02-13-2008 90022 007 ***150.00 STONE INTERNATIONAL INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 10409 SW 186 STREET 18999 BISCAYNE BLVD MIAMI, FL 33157 US STE 205 AVENTURA, FL 33180 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 20-3105124 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHENG, WAI Street Address (P.O. Box Number is Not Acceptable) 11 CORRINE PLACE KEY LARGO, FL 33037 City 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TILE ☐ Delete TITLE NAME TANG, HUI TUNG NAME STREET ADDRESS 2901 VENETIAN DRIVE STREET ADDRESS CITY-ST-ZIP KEY WEST, FL 33040 CITY-ST-ZIP VP TITLE ☐ Delete TITLE ☐ Change Addition NAME CHAN, QING NAME STREET ADDRESS 21800 SW 97 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33190 s TITLE ☐ Change ☐ Addition TITLE Defete CHENG, WAI NAME NAME STREET ADDRESS 11 CORRINE PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY LARGO, FL 33037 Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 flustfe empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

MING OFFICER OR DIRECTOR

FILED