2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # L04000042793 02-07-2005 90281 015 ****50.00 STONETEK LLC Principal Place of Business Mailing Address 8146 WEST BROWARD BLVD 8146 WEST BROWARD BLVD. PLANTATION, FL 33324 US PLANTATION, FL 33324 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102005 Chg-LLC CR2E083 (10/03) 4. FEI Number 81-0650904 City & State City & State Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROCAZUL CORP. Street Address (P.O. Box Number is Not Acceptable) 8146 WEST BROWARD BLVD. PLANTATION, FL 33324 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, typed or printed name of registered agent and stile if applicable (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TIRE Delete TITLE Addition NAME NAME ROCAZUL CORP. STREET ADDRESS 8146 WEST BROWARD BLVD. STREET ADDRESS CHY-ST-ZP CITY-ST-ZIP PLANTATION, FL 33324 ☐ Delete TITLE ☐ Change ☐ Addition TITLE BERKOTEK DESIGN PRACTICE, INC. NAME NAME STREET ADDRESS 1876 N. UNIVERSITY DRIVE SUITE 201-U STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33322 CITY-ST-ZIP MGR -title - Delete ☐ Change Addition CABANELLAS, OLIVIER J MR. NAME STREET ADDRESS **RUA CASTELO RODRIGO. 140** STREET ADDRESS CITY-ST-ZIP BELO HORIZONTE, MG 30330-160 CITY-ST-ZIP TILE Oelete TITLE ☐ Change Addition HAME CABANELLAS, ALEXANDER M MR. NAME STREET ADDRESS RUA PADRE PEDRO EVANGELISTA, 166 AP 603 STREET ADDRESS CITY-ST-ZIP BELO HORIZONTE, MG 30535-490 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Channe ☐ Addition NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. CARLOS

NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Feb 07, 2005 8:00 am