FILED Apr 15, 2008 8:00 am Secretary of State 04-15-2008 90117 028 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000118934 1. Entity Name STONE TRADITIONS INTERNATIONAL, LLC								
Principal Place of Business Mailing Address								
6541 NW 83 MIAMI, FL 3	· · · · · · · · •	6541 NW 87TH AVE MIAMI, FL 33178				f diffic offit sales som over	INI MANI MANI MANI MANI MANI MANI	MONY ITE (BO)
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apr. #, etc.		Suite, Apt. #, etc.			02122008	Chg-LLC	CR2E083 (12/06)	
City. & State-		City & State			4. FEI Numb 71-101			oplied For-
Zło	Country	Zip	Zip Coun		·	of Status Desired	S5.00 Ad	ditional
Name and Address of Current Registered Agent			·	N	Name and Address of New Registered Agent Name			
IGLESIAS	, MARIO A ESQ	CORPDIRECT AGENTS, INC.						
350 EAST LAS OLAS BLVD STE 1600 FT LAUDERDALE, FL 33301				Siree Andress	Sirgel Andress (P.O. Box Number is Not Acceptable) 5/5 EAST PARK AVE			
	-	City		City	LUA Som	=	FL ZZZ	الجمرة
8. The above named entity submits this statement for the purpose of changing its register				ed office or registered agent, or both, in the State of Florida. I am tamiliar with, and accept				
the obligations of registered agent. SIGNATURE Signature. Signature private private private or inspire early and like it indicates. (HOTE: Registered Agent, signature required when represented to the party of the indicate of the indica								
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State								
9.	MANAGING MEMBI	ERS/MANAGERS	10,			ADDITIONS	CHANGES	
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STREET COURESS			STRE	ST ADDRESS				
CITY ST ZIP CITY-ST-ZP								
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Uturther certify that the information indicated on this robot is true and accurate and that pry 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: 02/25/68 786 412 5715								
SIGNATURE: 02/25/08 400 CFL ST 15								

2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT** DOCUMENT # L06000118934 **ATTACHMENT** STONE TRADITIONS INTERNATIONAL, LLC Principal Place of Business Mailing Address 6541 NW 87TH AVE 6541 NW 87TH AVE MIAMI, FL 33178 MIAMI, FL 33178 2. Principal Place of Business - No P.O. Box # 3. Mailing Address l -acid Suite, Apt. #, etc. Suite, Apt. #, etc. 02122008 CR2E083 (12/06) Chq-LLC City & State City & State 4. FEI Number Applied For 71-1018534 Not Applicable Zip Country Zip 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 CORPDIRECT AGENTS, INC. IGLESIAS, MARIO A ESQ Street Address (P.O. Box Number is Not Acceptable) 515 EAST PARK AVE 350 EAST LAS OLAS BLVD STE 1600 FT LAUDERDALE, FL 33301 ŧ City TALLA HASSEE 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition BOSS, MARCEL NAME NAME 6541 NW 87TH AVE STREET ADDRESS STREET ADDRESS MIAMI, FL 33178 CITY-ST-ZIP CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition FILADELFIA, ANTHONY NAME NAME STREET ADDRESS 6541 NW 87TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 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 11. 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 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE