

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 06, 2004 8:00 am**  
**Secretary of State**

08-06-2004 90001 021 \*\*\*550.00

**DOCUMENT # P00000002979**

1. Entity Name  
**THE ANGULAR STONE INC.**



Principal Place of Business  
4460 N.W. 73AVE  
MIAMI, FL 33166

Mailing Address  
THE ANGULAR STONE INC  
4460 N.W. 73 AVE  
MIAMI, FL 33166

**54067130**



2. Principal Place of Business  
**13900 SW 139 CT**  
Suite, Apt. #, etc.

3. Mailing Address  
**13900 SW 139 CT**  
Suite, Apt. #, etc.

08022004 Chg-P CR2E034 (10/03)

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number  
**65-0973522**

Applied For  
Not Applicable

Zip  
**33186**

Country  
**USA**

Zip  
**33186**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

OBREGON, EMILIO E  
13280 S.W. 39TH STREET  
MIAMI, FL 33175

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **OBREGON, EMILIO E**  
STREET ADDRESS **13280 S.W. 39TH STREET**  
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE **D** ☐ Delete  
NAME **OBREGON, EDUARDO J**  
STREET ADDRESS **13280 S.W. 39TH STREET**  
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**08-2-04 305/222-8833**