

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90231 044 ***150.00

DOCUMENT # P00000022217

1. Entity Name
TECHNOSTONE INC.



Principal Place of Business
**3545 N.E. 167 ST
SUITE 501
NORTH MIAMI BEACH, FL 33160-3566**

Mailing Address
**3545 N.E. 167 ST
SUITE 501
NORTH MIAMI BEACH, FL 33160-3566**

50020407



2. Principal Place of Business
**6423 COLLINS AVE.
Suite, Apt. #, etc.
906**

3. Mailing Address
**6423 COLLINS AVE.
Suite, Apt. #, etc.
906**

02192005 Chg-P CR2E034 (10/03)

City & State
MIAMI BEACH

Zip
33141-4641

Country
USA

4. FEI Number
65-0987535

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ROVELLI, SERGIO
3545 N.E. 167 ST.
SUITE 501
NORTH MIAMI BEACH, FL 33160-3566**

7. Name and Address of New Registered Agent

Name
6423 COLLINS AVE. # 906

Street Address (P.O. Box Number is Not Acceptable)

City **MIAMI BEACH** FL Zip Code **33141**

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 **Sergio Rovelli PD** **02/25/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete

NAME **ROVELLI, SERGIO**

STREET ADDRESS **3545 N.E. 167 ST., #501**

CITY-ST-ZIP **NORTH MIAMI BEACH, FL 331603566**

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

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS **6423 COLLINS AVE. # 906**

CITY-ST-ZIP **MIAMI BEACH, FL 33141-4641**

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: **Sergio Rovelli** **02/25/05** **(305) 866-8058**

Signature and typed or printed name of signing officer or director Date Daytime Phone #