

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000022217

Entity Name
CHINOSTONE INC.



Principal Place of Business

**6423 COLLINS AVE
#906
MIAMI BEACH, FL 33141-4641**

Mailing Address

**6423 COLLINS AVE
#906
MIAMI BEACH, FL 33141-4641**

FILED
Jan 23, 2006 08:00 AM
Secretary of State



01072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0987535	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROVELLI, SERGIO
6423 COLLINS AVE
#906
MIAMI BEACH, FL 33141**

**DO NOT WRITE
IN THIS SPACE**

I, 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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**1000000396495
01/30/06-80011-024 150.00**

OFFICERS AND DIRECTORS

NAME	PD
NAME	ROVELLI, SERGIO
STREET ADDRESS	6423 COLLINS AVE #906
CITY-ST-ZIP	MIAMI BEACH, FL 331414641
NAME	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

I hereby certify that the information supplied with this filing 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 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

01/19/2006 (305) 866-8058