

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90053 024 \*\*\*150.00

<b>DOCUMENT # P00000057814</b> 1. Entity Name <b>CORNEJO STONE CREATIONS, INC.</b>					
Principal Place of Business <del>11320 SW 182ND ST.</del> <b>10451 SW 185</b> <del>MIAMI, FL 33157</del> <b>TERR</b> <b>MIAMI FL 33157</b>				Mailing Address <del>11320 SW 182ND ST.</del> <b>19863 SW 129 CT</b> <b>40041303</b> <del>MIAMI, FL 33157</del> <b>MIAMI FL 33177</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03022008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number <b>65-1011483</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORNEJO, RUBEN</b> <del>11320 SW 182ND ST.</del> <b>19863 SW 129 CT</b> <del>MIAMI, FL 33157</del> <b>MIAMI FL 33177</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <u><i>Ruben Cornejo</i></u> <b>RUBEN CORNEJO</b> <b>3-05-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CORNEJO, RUBEN <del>11320 SW 182ND ST.</del> <del>MIAMI, FL 33157</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>19863 SW 129 CT</b> <b>MIAMI, FL 33177</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CORNEJO, YOLANDA <del>11320 SW 182ND ST.</del> <del>MIAMI, FL 33157</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>19863 SW 129 CT</b> <b>MIAMI, FL 33177</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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: <u><i>Ruben Cornejo</i></u> <b>RUBEN CORNEJO</b> <b>3-05-08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					