

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000004746

FILED
Apr 06, 2004
Secretary of State

Entity Name: ALPHA STONE DESIGNS, INC.

Current Principal Place of Business:

1520 13TH STREET SOUTHWEST
NAPLES, FL 34117

New Principal Place of Business:

2424 KIRKWOOD AVENUE
NAPLES, FL 34112

Current Mailing Address:

1520 13TH STREET SOUTHWEST
NAPLES, FL 34117

New Mailing Address:

1853 SENEGAL DATE DRIVE
NAPLES, FL 34119

FEI Number: 59-3690694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

VASILE G. BRISC
1853 SENEGAL DATE DRIVE
NAPLES, FL 34119 US

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.

SIGNATURE: VASILE BRISC

04/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRISC, VASILE G
Address: 1520 13TH STREET SOUTHWEST
City-St-Zip: NAPLES, FL 34117

Title: S () Delete
Name: LUCIAN, BRISC I S
Address: 1180 17TH STREET SW
City-St-Zip: NAPLES, FL 34117

Title: VP (X) Delete
Name: ALEXANDRU, BRISC VP
Address: 1180 17TH STREET SW
City-St-Zip: NAPLES, FL 34117

Title: T (X) Delete
Name: CUSHING, STEPHEN T
Address: 6564 CHESNUT CIR
City-St-Zip: NAPLES, FL 34109

Title: VP () Delete
Name: SIGFRIED, ROSMANN VP
Address: 1925 COURTYARD WAY F103
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BRISC, VASILE G P
Address: 1853 SENEGAL DATE DRIVE
City-St-Zip: NAPLES, FL 34119 US

Title: S (X) Change () Addition
Name: DORINA, BRISC S
Address: 1853 SENEGAL DATE DRIVE
City-St-Zip: NAPLES, FL 34119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORINA BRISC

S

04/06/2004

Electronic Signature of Signing Officer or Director

Date