## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2004 8:00 am Secretary of State

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DOCUMENT # P0100006389  1. Entity Name DECORATIVE STONE, INC.					04-21-2004 90034 004 ***150.00					
Principal Plác	e of Business	Mailing Address	•			C	40582	ደብ		
335 MACY STREET 335 MACY STREET					0400000					
WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33405										
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A 0:1-10	No. of Division	O Mailian Address								
2. Principal Place of Business 9087 Nickels Blvd 9087 Nickels				<b>J</b> vd		HILI ULU IIII LEIK				
Suite, Apt.		Suite, Apt. #, etc.			132004	Chg-P	CRSEO	34 (10/03)		
$\mathcal{F}$ .							01120	<del></del>		
City & Stat	" to Park El	Sity & State	Par F	/a	El Number 65-1070				plied For t Applicable	
	Country	Zip	Country					\$8,75 Add	<del></del>	
334	<del>13</del> 6	33436		5. 0	ertificate o	f Status Desire		Fee Required		
	6. Name and Address of Current F	legistered Agent		7. N	iame and A	Address of Nev	v Registered A	\gent		
POTTS, CHRISTOPHER				Name						
335 MACY STREET				Street Address (P.O. Box Number is Not Acceptable)						
WEST PALM BEACH, FL 33405				08./_	MIE	Keis	Blvd		,	
			City	tauge	nn F	35	FL	Zip Code	436	
	named entity submits this statement for	the purpose of changing its	registered office or	registered age	ent, or both	, in the State of	Florida. I am f	amiliar with,	and accept	
the obligat	tions of registered agent.									
SIGNATURE.	***************************************									
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOT	E: Registered Agent signatu	re required when rei	instating)		DATE			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Conf		<b>\$5.00</b> M Added to F	lay Be Fees					
10.	OFFICERS AND D	DIRECTORS	11,	ADI	DITIONS/C	HANGES TO C	FFICERS AND	DIRECTORS	6 IN 11	
TITLE	D	☐ Delete	TITLE					Change	Addition	
NAME	POTTS, CHRISTOPHER		NAME	908-7	N 18	Kels	Blud	)		
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	certify that the information supplied/with			and the Committee of	110 07(0)(:)	Florida Statute	a I further ser			

12. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 19.07(3)(f), Fordia Statutes. Further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logial effect as if made under coall; that I am an officer or director of the corporation or the receiver of 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:

IGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

1/15/04

Daytime Phone #