

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90257 042 \*\*\*150.00

**DOCUMENT # P01000015977**

1. Entity Name

AMAZING STONES, INC.



Principal Place of Business

2115 ISLA DE PALMA CIR  
NAPLES FL 34119

Mailing Address

2115 ISLA DE PALMA CIR  
NAPLES FL 34119



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-1074766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRISC, ALEXANDRU  
2115 ISLA DE PALMA CR  
NAPLES FL 34119

Name

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

City

FL

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

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete  
NAME BRISC, ALEXANDRU  
STREET ADDRESS 2115 ISLA DE PALMA CIR  
CITY-ST-ZIP NAPLES FL 34119

TITLE PT ☐ Change ☐ Addition  
NAME BRISC ALEXANDRU  
STREET ADDRESS 2115 ISLA DE PALMA CIR  
CITY-ST-ZIP NAPLES, FL 34119

TITLE VD ☐ Delete  
NAME BRISC, MARIANA  
STREET ADDRESS 2115 ISLA DE PALMA CIR  
CITY-ST-ZIP NAPLES FL 34119

TITLE V ☐ Change ☐ Addition  
NAME BRISC MARIANA  
STREET ADDRESS 2115 ISLA DE PALMA CIR  
CITY-ST-ZIP NAPLES FL 34119

TITLE S ☐ Delete  
NAME BRISC, DIANA  
STREET ADDRESS 2115 ISLA DE PALMA CIR  
CITY-ST-ZIP NAPLES FL 34119

TITLE D ☐ Change ☐ Addition  
NAME ALIX BRISC  
STREET ADDRESS 2115 ISLA DE PALMA CIR  
CITY-ST-ZIP NAPLES FL 34119

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemptions contained in Section 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03.14.06