

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90034 042 ***158.75

DOCUMENT # P01000027439

1. Entity Name
BLUE DIAMOND DECO STONE, INC.



Principal Place of Business

**2736 NW 22 AVE.
RIGHT LOWER
MIAMI, FL 33142**

Mailing Address

**2736 NW 22 AVE.
RIGHT LOWER
MIAMI, FL 33142**

40008433



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202007

Chg-P

CR2E034 (12/06)

4. FEI Number

65-1086651

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRESPO, CHRISTOPHER
8501 NW 31 CT.
MIAMI, FL 33147**

7. Name and Address of New Registered Agent

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GONZALEZ, ANA I**
STREET ADDRESS **2736 NW 22 AVE., RIGHT LOWER**
CITY-STATE-ZIP **MIAMI, FL 33142**

TITLE **V** ☐ Delete
NAME **FARINAS, MANUEL**
STREET ADDRESS **2736 NW 22 AVE.**
CITY-STATE-ZIP **MIAMI, FL 33142**

TITLE **ST** ☐ Delete
NAME **CRESPO, CHRISTOPHER**
STREET ADDRESS **8501 NW 31 CT.**
CITY-STATE-ZIP **MIAMI, FL 33147**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2355 NW 29 ST**
CITY-STATE-ZIP **Miami, FL 33142**

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

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

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NAME
STREET ADDRESS
CITY-STATE-ZIP

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

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]

DATE 11-29-07 - 11:00 AM