

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 APR 30 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000048827		
1. Entity Name CNL STONE COMPANY		

Principal Place of Business 8070 N.W. 66TH ST. MIAMI, FL 33166	Mailing Address 8070 N.W. 66TH ST. MIAMI, FL 33166
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2. Principal Place of Business - No P.O. Box # 6700 NW 77 CT	3. Mailing Address 6700 NW 77 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33166	Zip 33166
Country	Country

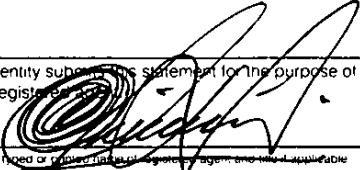


04242007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1113844	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOLINA, CESAR E 8070 N.W. 66TH ST. MIAMI, FL 33166-2728	7. Name and Address of New Registered Agent Name MOLINA, CESAR E. Street Address (P.O. Box Number is Not Acceptable) 6700 NW 66 STREET City MIAMI FL Zip Code 33166
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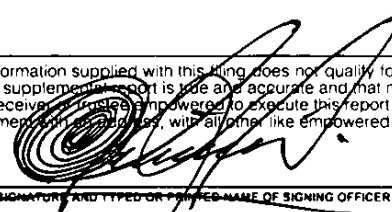
8. The above named entity subscribes this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **CESAR E. MOLINA** 4/24/2007
Signature, typed or printed name of registered agent and fee, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOLINA, CESAR E 8070 N.W. 66TH ST. MIAMI, FL 331662728 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOLINA, CESAR E 6700 NW 66 STREET MIAMI, FL 33166 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOLIDA-LLINAS, ELSE M 8070 NW 66TH ST. MIAMI, FL 331662728 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOLINA-LLINAS, ELSE M 6700 NW 66 STREET MIAMI, FL 33166 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000102125790 05/10/07--01004--019 **\$50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 supplement to this 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, trustee, or liquidator 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 to this report, with all other like empowered.

SIGNATURE:  **CESAR E. MOLINA** (307) 7150057
DIRECTOR 4/24/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #