

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90984 004 \*\*\*150.00

**DOCUMENT # P01000103754**

1. Entity Name  
**INTERSTONE INTERNATIONAL CORPORATION**



Principal Place of Business  
**1382 NW 78 AVE  
MIAMI, FL 33126**

Mailing Address  
**1382 NW 78 AVE  
MIAMI, FL 33126**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1152240**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**TRONCONE, MONIQUE  
499 EAST PALMETTO PARK ROAD  
SUITE 207  
BOCA RATON, FL 33432**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

T  
NAME  
**MENDEZ, WILSON RAMON**  
STREET ADDRESS  
**20500 SAN SIMEONE WAY 3105**  
CITY-ST-ZIP  
**MIAMI, FL 33179** ☐ Delete

V  
NAME  
**SEGRET, GABRIEL ANDRES**  
STREET ADDRESS  
**466 NW 97 PLACE**  
CITY-ST-ZIP  
**MIAMI, FL 33178** ☐ Delete

P  
NAME  
**NIEVA, JUAN RAFAEL**  
STREET ADDRESS  
**1200 N E MIAMI GARDENS DRIVE**  
CITY-ST-ZIP  
**NORTH MIAMI BEACH, FL 331794735** ☐ Delete

☐ Delete

☐ Delete

☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 employees.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #