

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90252 047 ***159.00

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1. Entity Name

USA STONE INSTALLATION, INC.



Principal Place of Business

1756 WEST 56 TERRACE
HIALEAH FL 33012

Mailing Address

1756 WEST 56 TERRACE
HIALEAH FL 33012

2. Principal Place of Business

1756 West 56 Terrace

Suite, Apt. #, etc.

3. Mailing Address

1756 West 56 Terrace

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip 33012

Country

USA

City & State

Hialeah, FL

Zip 33012

Country

U.S.A

4. FEI Number

65-1156464

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PADRON, WALBERTO V
1756 WEST 56 TERRACE
HIALEAH FL 33012

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, 2004 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

TITLE PD ☐ Delete
NAME MENDEZ, ARAMIS
STREET ADDRESS 1756 WEST 56 TERRACE
CITY-ST-ZIP HIALEAH FL 33012

TITLE VD ☐ Delete
NAME PADRON, WALBERTO
STREET ADDRESS 1756 WEST 56 TERRACE
CITY-ST-ZIP HIALEAH FL 33012

TITLE SD ☐ Delete
NAME SIEJAS, YOHORDANA
STREET ADDRESS 6050 SW 35TH CT
CITY-ST-ZIP DAVIE FL 33314

TITLE D ☒ Delete
NAME HERNANDEZ, FRANK
STREET ADDRESS 6091 W. 22 CT
CITY-ST-ZIP HIALEAH FL 33016

TITLE D ☒ Delete
NAME GALVEZ, ESTEBAN E
STREET ADDRESS 151 W. 11 ST., #8
CITY-ST-ZIP HIALEAH FL 33010

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 empowered.

SIGNATURE:

Aramis Mendez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-04 7542140242

Date

Daytime Phone #