2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# P02000018287

Entity Name: NATURAL STONE SOLUTIONS, INC.

Current Principal Place of Business:

7339 NW 66TH STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7339 NW 66TH STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 32-0002369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DE QUESADA, ALEJANDRO
7339 NW 66TH STREET
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DE QUESADA, ALEJANDRO
Address: 15257 SW 46TH LN, #F
City-St-Zip: MIAMI, FL 33185

Title: TD ( ) Delete
Name: DE QUESADA DIAZ, MARA
Address: 944 SW 136TH PL.
City-St-Zip: MIAMI, FL 33184

Title: VPS ( ) Delete
Name: DE SOUSA, JOSE F
Address: 1891 NW 139 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP ( ) Delete
Name: DE JESUS ANDRADE, ANTONIO A
Address: 1891 NW 139 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEJANDRO DE QUESADA PD 02/25/2009

Electronic Signature of Signing Officer or Director — Date