## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

### **DOCUMENT # P02000044510**

1. Entity Name

NATURAL STONE FOREVER, INC.



## FILED Mar 16, 2004 8:00 am Secretary of State

03-16-2004 90036 019 \*\*\*163.75

Principal Place of Business

897 W 18ST

HIALEAH, FL 33010

Mailing Address

897 W 18ST

HIALEAH, FL 33010

94030182



DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (10/03)

4. FEI Number 02-0589692

Applied Fo

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIGUEL, MANUEL E 32 NW 61 AVE MIAMI, FL 33126

# DO NOT WRITE IN THIS SPACE

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 accepted 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

**9.** Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE NAMÉ	DP MIGUEL, MANUEL E
STREET ADDRESS CITY-ST-ZIP	MIGUEL, MANUELE 32 NW GIAUE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ZAYAS, ELIZABETH 32 NW 61 AUE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIGUEL, CARLOS E 6823 SW 25 ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>-</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 directly 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 changed, or on an attachment with a fail diverse, with all other like empowered.

**SIGNATURE:** 

03/10/2000