## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000117970

Entity Name: MIAMI STONE DISTRICT, INC.

FILED Feb 13, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

335 N.E. 59 TERRACE MIAMI, FL 33137

Current Mailing Address: New Mailing Address:

1 CENTURY LANE 335 N.E. 59 TERRACE APT. #302 MIAMI, FL 33137 MIAMI BEACH, FL 33139

FEI Number: 06-1669335 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GIRALDO, MONICA REISER, STEFANO
335 N.E. 59 TERRACE 335 N.E. 59 TERRACE
MIAMI, FL 33137 US MIAMI, FL 33137 US

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: STEFANO REISER 02/13/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD ( ) Delete Title: PD (X) Change ( ) Addition Name: GIRALDO, MONICA Name: REISER, STEFANO

 Address:
 335 N.E. 59 TERRACE
 Address:
 335 N.E. 59 TERRACE

 City-St-Zip:
 MIAMI, FL 33137
 City-St-Zip:
 MIAMI, FL 33137

Title: ( ) Delete Title: VPD ( ) Change (X) Addition

 Name:
 Name:
 REISER, MARIA V

 Address:
 Address:
 335 N.E. 59 TERRACE

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33137

Title: ( ) Delete Title: SD ( ) Change (X) Addition

 Name:
 Name:
 GIRALDO, MONICA

 Address:
 Address:
 335 N.E. 59 TERRACE

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the 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: STEFANO REISER PD 02/13/2006