

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90232 038 \*\*\*150.00

**DOCUMENT # P03000018528**

1. Entity Name  
**BLUE STONE INTERNATIONAL GROUP CORP.**



Principal Place of Business  
**3530 MYSTIC POINT DR. #1411  
AVENTURA, FL 33180**

Mailing Address  
**3530 MYSTIC POINT DR. #1411  
AVENTURA, FL 33180**

00410000



2. Principal Place of Business

**19501 W country club dr  
Suite, Apt. #, etc.  
805**

3. Mailing Address

**19501 W country club dr  
Suite, Apt. #, etc.  
805**

City & State

**Aventura FL**

City & State

**Aventura FL**

Zip

**33180**

Country

Zip

**33180**

Country

05052004

Chg-P

CR2E034 (10/03)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HIRSCH, JONATHAN  
3530 MYSTIC POINT DR. #1411  
AVENTURA, FL 33180**

7. Name and Address of New Registered Agent

Name **Hirsch Jonathan**

Street Address (P.O. Box Number is Not Acceptable)  
**19501 W country club dr # 805**

City **Aventura**

**FL**

Zip Code

**33180**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**5-5-04**

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **pres.** ☐ Delete  
NAME **Jonathan Hirsch**  
STREET ADDRESS **19501 W country club dr # 805**  
CITY-ST-ZIP **Aventura, FL- 33180**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-5-04**

Date

**305-931-9224**

Daytime Phone #