

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

3. Mailing Address
19501 W country club dr

Suite, Apt. #, etc.
805

05052004 Chg-P CR2E034 (10/03)

City & State
Aventura FL

City & State
Aventura FL

Zip
33180

Country

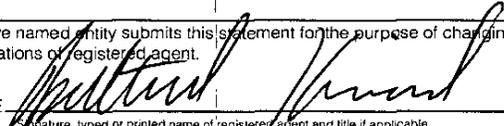
4. FEI Number
 Applied For
 Not Applicable

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  DATE **5-5-04**

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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

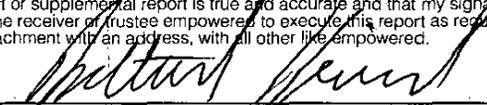
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	pres. Jonathan Hirsch 19501 W country club dr # 805 Aventura, FL- 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **5-5-04** DAYTIME PHONE # **305-931-9224**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)