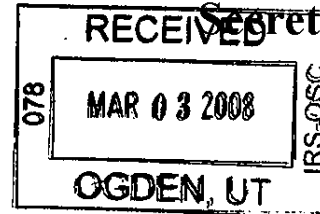


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000025639

1. Entity Name  
PERFECTION STONE MARBLE & GRANITE, CORP.



Principal Place of Business  
11380 BISCAYNE BLVD. LOT #142  
N. MIAMI, FL 33181

Mailing Address  
11380 BISCAYNE BLVD. LOT #142  
N. MIAMI, FL 33181



02132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
03-0508641

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**C. Name and Address of Current Registered Agent**

HERRERA, FELIPE M  
11380 BISCAYNE BLVD. LOT #142  
N. MIAMI, FL 33181

**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 accept the obligations of registered agent.

SIGNATURE

*[Signature]*  
Signature of the person named as registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

02/26/08  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000865582  
04/07/08-80034-014 150.00

**10. OFFICERS AND DIRECTORS**

|                |                               |
|----------------|-------------------------------|
| TITLE          | PD                            |
| NAME           | HERRERA, FELIPE M             |
| STREET ADDRESS | 11380 BISCAYNE BLVD. LOT #142 |
| CITY-ST-ZIP    | N. MIAMI, FL 33181            |
| TITLE          | DV                            |
| NAME           | HERRERA, DAISY M              |
| STREET ADDRESS | 11380 BISCAYNE BLVD. LOT #142 |
| CITY-ST-ZIP    | N. MIAMI, FL 33181            |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| 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 exemptions contained 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 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 another like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/27/08 786-298-1838  
Date Daytime Phone #