


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90060 012 \*\*\*150.00

<b>DOCUMENT # P03000027910</b>	
1. Entity Name <b>BEDROCK STONE WORKS, INC.</b>	

Principal Place of Business <b>541 N 68TH AVE HOLLYWOOD, FL 33024</b>	Mailing Address <b>541 N 68TH AVE HOLLYWOOD, FL 33024</b>
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2. Principal Place of Business <b>2570 NORTHWEST 4th COURT</b>	3. Mailing Address <b>Suite, Apt. #, etc. BAY 2</b>
City & State <b>FORT LAUDERDALE, FLORIDA</b>	City & State <b>City &amp; State</b>
Zip <b>33311</b>	Country <b>U.S.A.</b>



03172004 Chg-P CR2E034 (10/03)

4. FEI Number <b>16-1657349</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>MITTELBERG, BARRY- MITTELBERG &amp; NICOSIA PA 8100 N UNIVERSITY DRIVE #102 FT LAUDERDALE, FL 33321</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, EDGARDO 541 N 68TH AVE HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SANTOS, IRIS 541 N 68TH AVE HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:** Luis Santos **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

14-13-04 1561-723-4528

Date Daytime Phone #