

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036229

FILED
May 04, 2005
Secretary of State

Entity Name: STONEMASTERS RESTORATION, INC.

Current Principal Place of Business:

14621 OAK LANE
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

14621 OAK LANE
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 81-0605188 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, SCOTT D
14621 OAK LANE
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

PEREZ, JOSEPH F
14621 OAK LANE
MIAMI LAKES, FL 33016 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: JOSEPH F. PEREZ

05/04/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PEREZ, JOSEPH F
Address: 14621 OAK LANE
City-St-Zip: HIALEAH, FL 33016

Title: V (X) Delete
Name: JONES, SCOTT D
Address: 14621 OAK LANE
City-St-Zip: HIALEAH, FL 33016

Title: S () Delete
Name: GOMEZ, HENRY
Address: 14621 OAK LANE
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: GOMEZ, HENRY
Address: 14621 OAK LANE
City-St-Zip: HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH F. PEREZ

PD

05/04/2005

Electronic Signature of Signing Officer or Director

Date