
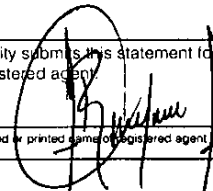
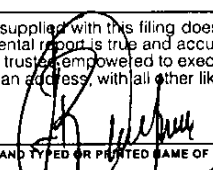


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90017 013 ***150.00

DOCUMENT # P03000079980 1. Entity Name STONE MAR, INC.					
Principal Place of Business 21250 8 PLACE, APT. 8 MIAMI, FL 33179 US			Mailing Address 21250 8 PLACE, APT. 8 MIAMI, FL 33179 US		
2. Principal Place of Business - No P.O. Box # 75 S. Shore Dr.		3. Mailing Address 75 S. Shore Dr.			
Suite, Apt. #, etc. 3B		Suite, Apt. #, etc. 3B			
City & State Miami Beach, FL		City & State Miami Beach, FL		4. FEI Number 47-0925579	
Zip 33141		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DA CRUZ, FERNANDO R 7930 EAST DR APT # 114 NORTH BAY VILLAGE, FL 33141			7. Name and Address of New Registered Agent Name Da Cruz, Fernando R. Street Address (P.O. Box Number is Not Acceptable) same above City FL 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:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME DA CRUZ, FERNANDO R STREET ADDRESS 7930 EAST DR APT # 114 CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141	<input type="checkbox"/> Delete		TITLE P NAME Da Cruz, Fernando R. STREET ADDRESS same above CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME DA CRUZ, CARLOS G STREET ADDRESS 7930 EAST DR APT # 114 CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141	<input checked="" 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	
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	
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 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 all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		