

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000083277

FILED  
Mar 11, 2007  
Secretary of State

Entity Name: MASONRY ARTISTIC STONE, INC.

## Current Principal Place of Business:

PO BOX 149  
APOPKA, FL 327040149

## New Principal Place of Business:

1419 ROLLING GREEN DR  
APOPKA, FL 32703

## Current Mailing Address:

PO BOX 149  
APOPKA, FL 327040149

## New Mailing Address:

PO BOX 149  
APOPKA, FL 32704

FEI Number: 20-0149126

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEREZ, RUBICEL M  
1096 WILLOW WAY  
APOPKA, FL 32703 US

## Name and Address of New Registered Agent:

CRUZ, ABEL  
1419 ROLLING GREEN DR  
APOPKA, FL 32703 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: ABEL CRUZ

03/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PEREZ MORALES, RUBICEL  
Address: P O BOX 149  
City-St-Zip: APOPKA, FL 32704

Title: D (X) Delete  
Name: GOMEZ, LUCKY  
Address: PO BOX 149  
City-St-Zip: APOPKA, FL 32704

Title: D (X) Delete  
Name: PEREZ, ABEL DE JESUS  
Address: PO BOX 149  
City-St-Zip: APOPKA, FL 327040149

Title: P (X) Delete  
Name: CRUZ, ABEL DE JESUS  
Address: P.O. BOX 149  
City-St-Zip: APOPKA, FL 32704

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CRUZ, ABEL  
Address: P O BOX 149  
City-St-Zip: APOPKA, FL 32704

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ABEL CRUZ

P

03/11/2007

Electronic Signature of Signing Officer or Director

Date