
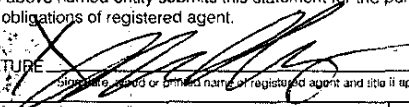
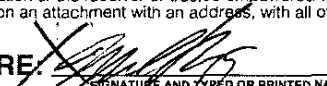


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90100 021 ***150.00

DOCUMENT # P03000086553 1. Entity Name CUSTOM STONE SOLUTIONS, INC.					
Principal Place of Business 6560 FIRST AVE N ST PETERSBURG, FL 33710			Mailing Address 6560 FIRST AVE N ST PETERSBURG, FL 33710		
2. Principal Place of Business 8041 COQUINA WAY Suite, Apt. #, etc.		3. Mailing Address 8041 COQUINA WAY Suite, Apt. #, etc.			
City & State ST. PETE BEACH, FL Zip 33706		City & State ST. PETE BEACH, FL Zip 33706		4. FEI Number 20-0228965	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERKOWITZ, JOAN L 6560 FIRST AVE N ST PETERSBURG, FL 33710				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 		V.P.		DATE 7/2/04	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLINCHBAUGH, STEVEN 33 BAYSHORE DR TARPON SPRINGS, FL <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	D BERKOWITZ, MICHAEL 33 BAYSHORE DR TARPON SPRINGS, FL <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 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 		Michael Berkowitz		DATE 7/2/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE # 727 6564479			

54060630



07022004 Chg-P CR2E034 (10/03)

Attachment

July 2, 2004

54060630
P030000 86553

Custom Stone Solutions, Inc.
8041 Coquina Way
St. Pete Beach, FL 33706


Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

Subject: Uniform Business Report Filings

Enclosed, please find the 2004 Uniform Business Report for Custom Stone Solutions, Inc. I did not receive a prior notice regarding filing this form. My address had changed. Please abate the related penalties. Thank you for your time and consideration.

Sincerely yours,

x 

Michael Berkowitz
Enclosure (1)