


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000133094**  
 1. Entity Name  
 CAST-STONE INTERNATIONAL CORP.



Principal Place of Business  
 11555 US HWY ONE NORTH  
 PALM BCH GARDENS, FL 33408

Mailing Address  
 11555 US HWY ONE NORTH  
 PALM BCH GARDENS, FL 33408

**DO NOT WRITE IN THIS SPACE**



07092005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 52-2442691 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 MCNAMARA, DEENA R ESQ.  
 712 US HWY ONE  
 PALM BCH GARDENS, FL 334-8

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$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

TITLE P  
 NAME BARRERA, PATRICIA  
 STREET ADDRESS 11555 US HWY ONE NORTH  
 CITY - ST - ZIP NORTH PALM BEACH, FL 33408

TITLE VP  
 NAME BARRERA, ALBERT  
 STREET ADDRESS 11555 US HWY ONE NORTH  
 CITY - ST - ZIP NORTH PALM BEACH, FL 33408

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
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 CITY - ST - ZIP

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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 # \_\_\_\_\_