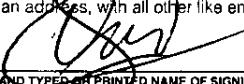


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 06, 2005 8:00 am
Secretary of State**

04-06-2005 90126 031 ***150.00

DOCUMENT # P03000146054		
1. Entity Name A BEAUTIFUL STONE, INC.		
Principal Place of Business 1104 W 40TH PLACE HIALEAH, FL 33012		Mailing Address 1104 W 40TH PLACE HIALEAH, FL 33012
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc. 		Suite, Apt. #, etc.
City & State 		City & State
Zip	Country	Zip
6. Name and Address of Current Registered Agent CASTANO, VALENTIN 1104 W 40TH PLACE HIALEAH, FL 33012		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> (NOTE: Registered Agent signature required when remitting) _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/31/05
		Date _____ Daytime Phone # _____