2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 02, 2006 08:00 Al **Secretary of State** DOCUMENT # P03000146054 1. Entity Name A BEAUTIFUL STONE, INC. Principal Place of Business Mailing Address 1104 W 40TH PLACE 1104 W 40TH PLACE HIALEAH, FL 33012 HIALEAH, FL 33012 02282006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2682544 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CASTANO, VALENTIN DO NOT WRITE 1104 W 40TH PLACE HIALEAH, FL 33012 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10, OFFICERS AND DIRECTORS PS THLE CASTANO, VALENTIN NAME 1104 W 40TH PLACE STREET ADDRESS U00000454023 CITY-\$1-ZIP HIALEAH, FL 33012 03/14/06-80044-022 150.00 RILE NAME STREET ADDRESS CHY-S1-ZIP HILE NAME STREET ADDRESS DO NOT WRITE City-ST-ZiP IIILE IN THIS SPACE NAME STREET ADDRESS CHY-ST-ZIP HITE MARK STREET ADDRESS CITY-ST-ZIP NAME

12. Thereby certify that the informa ed 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 su of the corporation or the rece mental report's true and accurate and that my signature shall have the same legal effect as if made under outr, that I am an officer or director 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 attachn all other like empowered

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED