


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90272 022 ***150.00

DOCUMENT # P04000011304

1. Entity Name
 ARCHITECTURAL STONE FABRICATION, INC



Principal Place of Business Mailing Address
 3181 NE 3RD AVE 3181 NE 3RD AVE
 OAKLAND PARK, FL 33334 US OAKLAND PARK, FL 33334 US

20041379



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04112005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 ---20-0605555--- Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPIGLIA, FRANCESCO
 2565 SE 1ST COURT
 POMPANO BEACH, FL 33062

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 _____ 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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CAMPIGLIA, FRANCESCO	
STREET ADDRESS	2565 SE 1ST COURT	
CITY-ST-ZIP	POMPANO, FL 33062	
TITLE	SEC.	<input type="checkbox"/> Delete
NAME	CAMPIGLIA, FRANK	
STREET ADDRESS	2565 SE 1ST COURT	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BERTOIA, WALTER	
STREET ADDRESS	3181 NE 3RD AVE	
CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: FRANCESCO CAMPIGLIA Date: 954325745 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR