


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000011304 1. Entity Name ARCHITECTURAL STONE FABRICATION, INC	
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Principal Place of Business 3181 NE 3RD AVE OAKLAND PARK, FL 33334 US	Mailing Address 3181 NE 3RD AVE OAKLAND PARK, FL 33334 US
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03102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0605555	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPIGLIA, FRANCESCO 2565 SE 1ST COURT POMPANO, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CAMPIGLIA, FRANK 2565 SE 1ST COURT POMPANO BEACH, FL 33062
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 05/20/06-80035-025 150.00

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12. I hereby certify that the information supplied 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 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:  **5-5-06** **954-3257145**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #