ANNUAL REPORT

Sep 06, 2005 8:00 am DOCUMENT # P04000013686 1. Entity Name Secretary of State D STONE CORP. 09-06-2005 90141 013 ***150.00 Principal Place of Business Mailing Address 960 NW 73RD ST. 960 NW 73RD ST. MIAMI, FL 33150 . MIAMI, FL 33150 2. Principal Place of Business 3. Mailing Address 940 NW 73rd Street 940 NW 73rd Street Suite, Apt. #, etc. Suite, Apt. #, etc. 08232005 Chg-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 33150 MIAMI, FLMIAMI, FL 33150 02-0715168 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33150 33150 U.S.A. U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **DUARTE, EULISES** Street Address (P.O. Box Number is Not Acceptable) 940 NW 73rd Street 960 NW 73RD ST. MIAMI, FL 33150 City Zip Code MIAMT 33150 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. 08/31/2005 EULISES DUARTE President SIGNATURE. (NOTE: Registered Agent signature required when reinstating) or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution, Added to Fees Due by September 7, 2005 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PΠ ☐ Delete TITLE Change Addition NAME **DUARTE, EULISES** NAME STREET ADDRESS 960 NW 73RD ST. STREET ADDRESS 940 NW 73rd Street CITY-ST-ZE MIAMI, FL 33150 CITY-ST-ZIP FL 33150 Miami. TITLE Delete TITLE ☐ Addition NAME MAINE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F ĤΠE ☐ Addition NAME NALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete nn f ☐ Addition Change . . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. I hereby certify that the information supplied with this filling 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.

EULISES DUARTE President

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

.08/31/05 786-346-45**7**7

FILED



August 31, 2005

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. Box 1500 Tallahassee, FL 32302-1500

Gentlemen:

I have missed the deadline for filing my Annual Report for the year but it has happened because I have not received any notification as to that effect, consequently, I did not filed in time.

Please I would like you to wave the penalty involved for filing late, since this was an honest overlook that occurred, as stated above, due for not receiving notification on time.

Please find enclosed my check in the amount of \$150.00 to cover the filing fees for the year.

Hoping you can process this filing as requested, I am,

Sincerely,

EÚLISES DUARTE

President