## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## FILED Apr 28, 2005 8:00 am Secretary of State

DOCUMENT # P04000116579  1. Entity Name ZAPHYRO STONE, INC.					04-28-2005 90349 001 ***150.00 04-28-2005 90349 002 *****8.75			
SUITE 204 HOLLYWOOD, FL 33020 SUITE 204 HOLLYWOOD, FL 33020 HOLLYWOOD, FL 3302								
2. Principal Place of Business		3. Mailing Address					<b> </b>	
Suite, Apt. #, etc.				02092005	Chg-P	CR2E0		
City & State		City & State		4. FEI Number 20-	47893		No	plied For t Applicable
Country	Zip	Countr	ry	5. Certificate	of Status Desire	d 🗹	\$8.75 Add Fee Required	itional i
Name and Address of Curre	ent Registered Agent		Name	7. Name and	Address of Nev	w Registered A	igent	
DELGADO, EDUARDO 509 SOUTH 21 AVENUE			Street Address (P.O. Box Number is Not Acceptable)					
SUITE 204 HOLLYWOOD, FL 33020		ŀ	906 W	1. Halla	ndule 1	Beach	Blud:	# 108
7						FL	Zip Code	2009
d entity submits this statemen registered agent.	it for the purpose of changing	its registered				Florida. I am f	amiliar with,	and accept
		· <del></del>	· · · · · · · · · · · · · · · · · · ·					
a, typed or printed name of registered as			<del></del>	f when reinstating)		DATE		
Will FEE IS \$150.00 2005 Fee will be \$55								
			· <del></del> -	ADDITIONS/	CHANGES TO C	OFFICERS AND		
		TITLE NAME					Change	☐ Addition
GADO, EDUARDO		NAME						1
GADO, EDUARDO ) SOUTH OCEAN DR. PT LYWOOD, FL. 33019	<sup>-</sup> 15B	STREE	T ADDRESS ST-ZIP					
SOUTH OCEAN DR. PT	15B	STREE CITY-S TITLE	ST-ZIP		<del></del>		☐ Change	Addition
SOUTH OCEAN DR. PT		STREE CITY-S TITLE NAME	ST-ZIP		<del>.</del>		☐ Change	☐ Addition
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SOUTH OCEAN DR. PT LYWOOD, FL 33019	Delete Delete Delete Delete	STREE CITY-S  FITLE NAME STREE CITY-S	T ADDRESS ST-ZIP  TT ADDRESS ST-ZIP  TT ADDRESS ST-ZIP  TT ADDRESS ST-ZIP  TT ADDRESS ST-ZIP	110 07/0)	"" Finish Statut		☐ Change ☐ Change ☐ Change	Addition Addition Addition
that the information supplied is report or supplied or or or the report or supplied is report or supplied in or the report of the repo	Delete Delete Delete	STREE CITY-S TITLE NAME STREE CITY-S TOT THE EXEM	ST-ZIP  IT ADDRESS ST-ZIP  Inpution stated in Secure shall have the	same legal effec	ot as if made und	ier oath; that I a	☐ Change ☐ Change ☐ Change ☐ Change	Addition  Addition  Addition  Addition
	Country  Name and Address of Curre  JARDO AVENUE  FL 33020  d entity submits this statemen registered agent.  e. typed or provided name of registered agent.  OFFICERS A	Isiness  Isi	Isiness  Isi	Mailing Address ENUE  509 SOUTH 21 AVENUE SUITE 204 HOLLYWOOD, FL 33020  Business  3. Mailing Address  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Name  Name  Name  Name  Street Address (  Gity Holl  City Holl  P. typed or profed name of registered agent and title of applicable.  (NOTE: Registered Agent signature required agent and title of applicable.  NOTE: Registered Agent signature required agent and title of applicable.  NOTE: Registered Agent signature required agent and title of applicable.  NOTE: Registered Agent signature required agent and title of applicable.  NOTE: Registered Agent signature required agent and title of applicable.  NOTE: Registered Agent signature required agent and title of applicable.  NOTE: Registered Agent signature required agent and title of applicable.  NOTE: Registered Agent signature required agent and title of applicable.  NOTE: Registered Agent signature required agent and title of applicable.  NOTE: Registered Agent signature required agent and title of applicable.  NOTE: Registered Agent signature required agent and title of applicable.  NOTE: Registered Agent signature required agent and title of applicable.  NOTE: Registered Agent signature required agent and title of applicable.  NOTE: Registered Agent signature required agent and title of applicable.  NOTE: Registered Agent signature required agent and title of applicable.  NOTE: Registered Agent signature required agent and title of applicable.  NOTE: Registered Agent signature required agent and title of applicable.  NOTE: Registered Agent signature required agent and title of applicable.  NOTE: Registered Agent signature required agent and title of applicable.  Note: Registered Agent signature required agent and title of applicable.	Mailing Address  SOUTH 21 AVENUE SUITE 204 HOLLYWOOD, FL 33020  Business  3. Mailing Address  Suite, Apt. #, etc.  Country  Zip  Country  Zip  Country  5. Certificate  Name  Name  Name  JARDO  AVENUE  FL 33020  Get W. Halla: City Hallandal City H	Mailing Address SOS SOUTH 21 AVENUE SUITE 204 HOLLYWOOD, FL 33020  Business  3. Mailing Address Suite, Apt. #, etc. 02092005 Chg-P  City & State Country Zip Country Zip Country 5. Certificate of Status Desire Name and Address of Current Registered Agent Name  Name  Street Address (P.O. Box Number is Not Accepted Agent)  City Hallandale  dentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of registered agent.  a. typed or purified name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  Will FEE IS \$150.00 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO Compared the contribution.	Mailing Address Soy SOUTH 21 AVENUE SUITE 204 HOLLYWOOD, FL 33020  Business  3. Mailing Address  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Tip  Country  S. Certificate of Status Desired  Name  Name  Address of Current Registered Agent  Name  Street Address of New Registered Agent  City Hallandale  FL 33020  Gentily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am fregistered agent.  WILL FEE IS \$150.00  2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND  Delete  ITILE	Mailing Address SINUE SUITE 204 HOLLYWOOD, FL 33020  Business  3. Mailing Address  Suite, Apt. #, etc.  02092005 Chg.P CR2E034 (10/03)  City & State  4. FEI Number 2.0 - 1478930  Southly  Country  Zip  Country  5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  FL 33020  Gentity 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, registered agent.  8. Typed or proted name of regustered spens and use if applicable.  (NOTE: Registered Agent agent, or both, in the State of Florida. I am familiar with, registered agent.  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Change