## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Aug 24, 2005 8:00 am Secretary of State **DOCUMENT # P04000164602** 1. Entity Name 08-08-2005 90045 006 \*\*\*150.00 EXOTIC STONE, INC. Principal Place of Business Mailing Address 1731-C SW 7TH AVE. .17<del>31-C SW 7TH AVE</del>. POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 2. Principal Place of Business 3. Malling Address Atlantic Blud 900 E. Suite, Apt. #, etc. 08042005 CR2E034 (10/03) suite i City & State City & State Applied For Beach ompano Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VIEIRA, AUGUSTO -Street Address (P.O. Box Number is Not Acceptable) 1731-C SW 7TH AVE. POMPANO BEACH, FL 33060 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered egent. (NOTE: Registered Agent signature required when reinstating) DATE \* 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE 18 \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 7, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PRESIDENT X Addition TITLE ☐ Deleta TITLE Change VIEIRA, AUGUSTO NAME KALE 1731-C SW 7th Ave Pompano Beach, FL 33060 STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP MLE ☐ Dalete TITLE Chance [ ] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT) F ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70 mr Chance Addition Deleta TITLE NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Change ☐ Delette NUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or information provided to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a spatiess, with all other like empowered. SIGNATURE:



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

August 10, 2005

EXOTIC STONE, INC. 900 E ATLANTIC BLVD SUITE 17 POMPANO BEACH, FL 33060

Subject: EXOTIC STONE, INC.

Reference Number:

P04000164602

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS ANNUAL REPORTS SECTION