2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 22, 2007 8:00 am **Secretary of State DOCUMENT # P05000001583** 01-22-2007 90090 010 ***150.00 CARÁBOBO STONE INC. Mailing Address Principal Place of Business 12365 SW 18 STREET #215 MIAMI, FL 33 75 12365 SW 18 STREET #215 MIAMI, FL 33175 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 10723 NW 10723 NW 85 4 TEND Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01182007 Chg-P UNIT UNIT Applied For City & State DONAL 4. FEI Number City_& State Not Applicable DORAL 20-2194637 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARCO CTAIZA, MARCO A 12365 SW 18 STREET #215 MIAMI, FL 33175 🕈 8. The above named entity subpring this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with the obligations of registered egapht. SIGNATURE registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE ☐ Delete TITLE Addition GUADA OTAIZA, HARCO OTAIZA MARCO A NAME NAME 12365 SW/18 STREET #215 STREET ADDRESS NW STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 CITY - ST - ZIP TITLE TITLE ☐ Chance ☐ Addition Delete AMARO, ALFREDO A NAME NAME 4283 S. PINS ISLAND RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVIE/FL 33328 CITY-ST-ZIP TITLE Delete TITLE Addition ESPINOZA CARLOS. A. ESTINOZA, CARLOS A NAME NAME 13529 SW 113 PL STREET ADDRESS 13529 SW 113 PL STREET ADDRESS MIAMI, FL 33176 CITY-ST-7IP MIAMI, FL 33176 CITY-ST-7P ☐ Delete TITLE Addition TITLE LOPEZ, JOSE 10723 NW NAME NAME STREET ADDRESS STREET ADDRESS 10723 CITY-ST-ZIP CITY-SI-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this thing 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, path all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED