2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000010253

Entity Name: COLISEUM STONE CORP.

FILED Feb 07, 2008 Secretary of State

US

Current Principal Place of Business:	New Principal Place of Business:
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597 S W FAIRWAY AVENUE PORT SAINT LUCIE, FL 349832905

Current Mailing Address: New Mailing Address:

597 S W FAIRWAY AVENUE PORT SAINT LUCIE, FL 349832905

FEI Number: 20-2195211 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAX HOUSE CORPORATION

1261 E SAMPLE RD

POMPANO BEACH, FL 33064 US

TAX HOUSE CORPORATION

1100 S FEDERAL HWY

DEERFIELD BEACH, FL 33441

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.

SIGNATURE: BRENO GOMES 02/07/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 SILVA, JOSE A
 Name:

 Address:
 597 SW FAIRWAY AVENUE
 Address:

 City-St-Zip:
 PORT ST. LUCIE, FL 349832905
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 SILVA, HELENA C
 Name:

 Address:
 597 SW FAIRWAY AVENUE
 Address:

 City-St-Zip:
 PORT ST. LUCIE, FL 349832905
 City-St-Zip:

Title: S (X) Delete Title: () Change () Addition

 Name:
 RIBEIRO, JOAO
 Name:

 Address:
 597 SW FAIRWAY AVENUE
 Address:

 City-St-Zip:
 PORT ST. LUCIE, FL 349832905
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE A SILVA PD 02/07/2008