

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000046876**

1. Entity Name  
**CROWN STONE SURFACES, INC.**



Principal Place of Business  
**2607 NW 17TH LANE  
POMPAHO BEACH, FL 33063**

Mailing Address  
**1141 NE 45 STREET  
OAKLAND PARK, FL 33334**



04302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2604505**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ARCE, NANCE  
1141 NE 45 STREET  
OAKLAND PARK, FL 33334**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ARCE, NANCE
STREET ADDRESS	3043 WOODLANDS DRIVE
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	S,T
NAME	ARCE, ELIEZER
STREET ADDRESS	3043 WOODLANDS DRIVE
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	VP
NAME	FERNANDEZ, JESUS E
STREET ADDRESS	2333 CARMONA LANE
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000945821  
05/30/08-80018-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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, with all other like empowered

SIGNATURE: Nance Arce  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08  
Date

954-772-7979  
Daytime Phone #