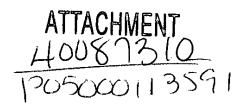
2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 08, 2006 8:00 am Secretary of State **DOCUMENT # P05000113591** 1. Entity Name 05-08-2006 90286 016 ***150.00 WEST STONE IMPORT CORP Principal Place of Business Mailing Address 6317 TAYLOR STREET 6317 TAYLOR STREET HOLLYWOOD, FL 33024 US HOLLYWOOD, FL 33024 US 851 Sovannah falls DR. 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 05032006 CR2E034 (11/05) City & State City & State Applied For 25-3298016 Not Applicable Country USA Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INSIGNARES, JONATHAN P Street Address (P.O. Box Number is Not Acceptable) 851 SAVANNAH FALLS DRIVE WESTON, FL 33327 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when renatating) \$5.00 May Be FILE NOW!!! FEE !8 \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition INSIGNARES, JONATHAN P NAME MARKET STREET ADDRESS 851 SAVANNAH FALLS DRIVE STREET ADORESS CITY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

FILED



May 2, 2006

Division of Corporation 2670 Executive Center Circle Suite 100 Tallahassee, FL 32301

To Whom It May Concern:

Enclosed is my payment for the annual report. I am aware its a few days late, as well as that there is a fee for late payment. I would greatly appreciate if there could be an exception for my inexperience with a new company. Thank you for your time and sorry for any inconvenience.

Jonathan Insignares