

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -5 PM 1:18



03292006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000138892 1. Entity Name STONEWALL HOMES, INC.					
Principal Place of Business 6187 NW 167 STREET H 4 MIAMI LAKES, FL 33015			Mailing Address 6187 NW 167 STREET H 4 MIAMI LAKES, FL 33015		
2. Principal Place of Business 3818 W. 16th Avenue Suite, Apt. #, etc.		3. Mailing Address same as principal Suite, Apt. #, etc.			
City & State Hialeah, Florida		City & State		4. FEI Number 20-3616061	
Zip 33012		Country Miami-Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALBA, RAUL 3818 WEST 16 AVE HIALEAH, FL 33012				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, PATRICIA <input checked="" type="checkbox"/> Delete 6187 NW 167 STREET, STE H4 MIAMI LAKES, FL 33015		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800070476838 04/14/06--01071--022 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GONZALEZ, JORGE I <input type="checkbox"/> Delete 3818 WEST 16 AVE HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, JORGE I. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3818 W. 16th Avenue Hialeah, Florida 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLEMENT, JORGE E <input type="checkbox"/> Delete 3818 WEST 16 AVE HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLEMENT, JORGE E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3818 West 16th Avenue Hialeah, Florida 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALBA, RAUL <input type="checkbox"/> Delete 3818 WEST 16 AVE HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD ALBA RAUL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3818 West 16th Avenue Hialeah, Florida 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/30/06 (305) Daytime Phone # 778 7632		