

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90276 014 ***150.00

DOCUMENT # P05000155283

1. Entity Name

BRILLIANT STONE & DESIGN, INC.



Principal Place of Business

930 ROBERTS RD
62
LAKE HAMILTON FL 33851

Mailing Address

1629 CAPESTERRE DRIVE
ORLANDO FL 32824



2. Principal Place of Business

3. Mailing Address

6746 Hillis Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State
LAKELAND FL.

4. FEI Number

TAX ID # 20-3856025

Applied For

Not Applicable

Zip

Country

Zip

33813

Country

Polk

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VARGAS, MIRIAM
1629 CAPESTERRE DRIVE
ORLANDO FL 32824

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

MIRIAM VARGAS

Miriam Vargas

3-13-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME VARGAS, MIRIAM
STREET ADDRESS 1629 CAPESTERRE DRIVE
CITY-ST-ZIP ORLANDO FL 32824 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MIRIAM VARGAS
STREET ADDRESS 6746 Hillis Dr.
CITY-ST-ZIP LAKELAND FL. 33813 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Miriam Vargas

3-13-06

Date

407-340-8399

Daytime Phone #