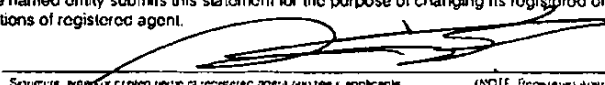
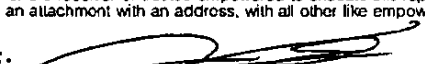


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

03-28-2007 90019 046 ***150.00

DOCUMENT # P06000028242 1. Entity Name A.R. STONES, CORP.			
Principal Place of Business 641 CYPRESS LAKE BEND UNIT G POMPANO BEACH FL 33064 US		Mailing Address 641 CYPRESS LAKE BEND UNIT G POMPANO BEACH FL 33064 US	
2. Principal Place of Business - No P.O. Box # 2691 SW 11th PL Suite, Apt. #, etc.		3. Mailing Address 2691 SW 11th PL Suite, Apt. #, etc.	
City & State DEERFIELD BEACH Zip 33442 Country USA		City & State DEERFIELD BEACH Zip 33442 Country USA	
4. FEI Number 204376703		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DINIZ, RENATA C 641 CYPRESS LAKE BEND UNIT G POMPANO BEACH FL 33064		7. Name and Address of New Registered Agent Name ADRIANO SAPORITI Street Address (P.O. Box Number is Not Acceptable) 2691 SW 11th PL City DEERFIELD BEACH FL Zip Code 33442	
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  Signature, typed or printed name of registered agent and fee is applicable (NOTE: Registered Agent signature required when registering)		DATE 03/15/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P.D. NAME DINIZ, RENATA C ☒ Delete STREET ADDRESS 641 CYPRESS LAKE BEND #G CITY- ST- ZIP POMPANO BEACH FL 33064	TITLE P.D. ☒ Change ☐ Addition NAME SAPORITI, ADRIANO STREET ADDRESS 2691 SW 11th PL CITY- ST- ZIP DEERFIELD BEACH 33442		
TITLE VP.D ☐ Delete NAME SAPORITI, ADRIANO STREET ADDRESS 641 CYPRESS LAKE BEND #G CITY- ST- ZIP POMPANO BEACH FL 33064	TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 03/13/07	