2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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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	Mailing Address
641 CYPRESS LAKE BEND UNIT G POMPANO BEACH FL 33064 US	641 CYPRESS LAKE BEND UNIT G POMPANO BEACH FL 33064 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2691 SW 11th PL	2691 SW 11th PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DEERFIELD BEACH	City & State: DEERFIELD BEACH
Zip: 33442 Country: USA	Zip: 33442 Country: USA

4. FEI Number: 20437603 ☐ Applied For ☐ Not Applicable

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
DINIZ, RENATA C 641 CYPRESS LAKE BEND UNIT G POMPANO BEACH FL 33064	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 _____ 03/15/07
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P,D DINIZ, RENATA C 641 CYPRESS LAKE BEND #G POMPANO BEACH FL 33064	☒ Delete	P,D SAPORITI, ADRIANO 2691 SW 11th PL DEERFIELD BEACH 33442	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP,D SAPORITI, ADRIANO 641 CYPRESS LAKE BEND#G POMPANO BEACH FL 33064	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: ADRIANO SAPORITI 03/13/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date