

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000043183

FILED  
May 16, 2008  
Secretary of State

Entity Name: MASTERPIECE STONE DESIGNS INC.

## Current Principal Place of Business:

3761 BROADWAY AVENUE  
GOTHA, FL 34734 US

## New Principal Place of Business:

626 E SANDPIPER ST  
APOPKA, FL 32712 US

## Current Mailing Address:

3761 BROADWAY AVENUE  
GOTHA, FL 34734 US

## New Mailing Address:

626 E SANDPIPER ST  
APOPKA, FL 32712 US

FEI Number: 20-4563384

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOJICA, NOEL S  
3761 BROADWAY AVENUE  
GOTHA, FL 34734 US

## Name and Address of New Registered Agent:

MOJICA, NOEL S  
626 E SANDPIPER ST  
APOPKA, FL 32712 US

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.

SIGNATURE: NOEL S MOJICA

05/16/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MOJICA, NOEL S  
Address: 3761 BROADWAY AVENUE  
City-St-Zip: GOTHA, FL 34734 US

Title: T ( ) Delete  
Name: MOJICA, DAVID E  
Address: 626 E SANDPIPER ST  
City-St-Zip: APOPKA, FL 32712

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MOJICA, NOEL S  
Address: 626 E SANDPIPER ST  
City-St-Zip: APOPKA, FL 32712 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E MOJICA

TRE

05/16/2008

Electronic Signature of Signing Officer or Director

Date