
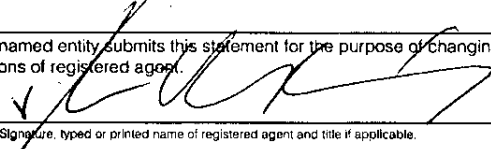



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90040 006 ***150.00

DOCUMENT # P06000049014 1. Entity Name JCR STONES INC.																															
Principal Place of Business 8575 SW 152 AVENUE NO.188 MIAMI, FL 33193		Mailing Address 8575 SW 152 AVENUE NO.188 MIAMI, FL 33193																													
2. Principal Place of Business - No P.O. Box # 10760 NW 78 Ter		3. Mailing Address 10760 NW 78 Ter																													
Suite, Apt. #, etc. ---		Suite, Apt. #, etc. ---																													
City & State MIAMI, FL		City & State MIAMI, FL																													
County Dade		County Dade																													
4. FEL Number 20-4670437		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																															
6. Name and Address of Current Registered Agent RAMIREZ, JUAN CARLOS 8575 SW 152 AVENUE NO.188 MIAMI, FL 33193		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:  JUAN CARLOS RAMIREZ Pres. 1/29/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE PRES <input type="checkbox"/> Delete NAME RAMIREZ, JUAN CARLOS STREET ADDRESS 8575 SW 152 AVENUE NO.188 CITY-ST-ZIP MIAMI, FL 33193 </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE PRES <input type="checkbox"/> Delete NAME RAMIREZ, JUAN CARLOS STREET ADDRESS 8575 SW 152 AVENUE NO.188 CITY-ST-ZIP MIAMI, FL 33193	<input type="checkbox"/> Change <input type="checkbox"/> Addition													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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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:  Juan Carlos Ramirez 1/29/07 (305) 255-6922 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																															