
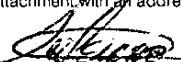


FILED
May 02, 2007 8:00 am
Secretary of State

40097040

DOCUMENT # P06000083278						05-02-2007 90040 050 ***150.00	
1. Entity Name FERRAO'S STONE CO.							
Principal Place of Business 15581 SW 7TH LN. MIAMI, FL 33194		Mailing Address 15581 SW 7TH LN. MIAMI, FL 33194				40097040	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				Barcode	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04112007 Chg-P CR2E034 (12/06)	
City & State		City & State				4. FEI Number 51-0592816	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent FERRAO, JULIO C 15581 SW 7TH LN. MIAMI, FL 33194				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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD FERRAO, JULIO C 15581 SW 7TH LN. MIAMI, FL 33194 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 				Date _____ Daytime Phone # _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							