

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90067 026 ***158.75

DOCUMENT # P06000084358	
1. Entity Name EXOTIC STONE CREATIONS, INC.	



Principal Place of Business 9100 S ORANGE AVENUE ORLANDO, FL 32824	Mailing Address 9100 S ORANGE AVENUE ORLANDO, FL 32824
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40024301



2. Principal Place of Business - No P.O. Box # 955 Taft Vineyard Rd Suite, Apt. #, etc. E		3. Mailing Address 955 Taft Vineyard Rd Suite, Apt. #, etc. E	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32824	Country Orange	Zip 32824	Country Orange

02132007 Chg-P CR2E034 (12/06)

4. FEI Number 42-1707943	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BHATT, MOHDA 9100 S ORANGE AVENUE ORLANDO, FL 32824	
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7. Name and Address of New Registered Agent Name SYED SHAKEEL Street Address (P.O. Box Number is Not Acceptable) 955 Taft Vineyard Rd Suite E City ORLANDO FL Zip Code 32824	
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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]* DATE 02/13/2007
(NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SYED, SHAKEEL 9100 S ORANGE AVENUE ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SYED, SHAKEEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 955 Taft Vineyard Rd Suite E ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THIRUMALI CHANADRASEKARAN 9100 S ORANGE AVENUE ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THIRUMALI CHANDRA SEKRAW <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 955 Taft Vineyard Rd Suite E ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SYED, BILAL 9100 S ORANGE AVENUE ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SYED, BILAL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 955 Taft Vineyard Rd Suite E ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOHAMMAD ASIF BHATT 9100 S ORANGE AVENUE ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SYED SHAKEEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 955 Taft Vineyard Rd Suite E ORLANDO, FL 32824
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
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: *[Signature]* SHAKEEL SYED 02/13/2007 407 401 2778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #