

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000084358

FILED
Apr 13, 2009
Secretary of State

Entity Name: EXOTIC STONE CREATIONS, INC.

Current Principal Place of Business:

955 TAFT VINELAND RD.
E
ORLANDO, FL 32824

Current Mailing Address:

955 TAFT VINELAND RD.
E
ORLANDO, FL 32824

New Principal Place of Business:

11009 SOUTH ORANGE BLOSSOM TRIL
B
ORLANDO, FL 32837

New Mailing Address:

11009 SOUTH ORANGE BLOSSOM TRIL
B
ORLANDO, FL 32837

FEI Number: 42-1707943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BHATT, MOHD A
9100 S ORANGE AVENUE
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SYED, SHAKEEL
Address: 9448 SOUTH ORANGE BLOSSOM TRIL
City-St-Zip: ORLANDO, FL 32837

Title: VPD () Delete
Name: SYED, BILAL
Address: 9448 SOUTH ORANGE BLOSSOM TRIL
City-St-Zip: ORLANDO, FL 32837

Title: VPD () Delete
Name: THIRUMALI CHANDRASEKARAN
Address: 9100 S ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SYED, SHAKEEL
Address: 11009 SOUTH ORANGE BLOSSOM TRIL
City-St-Zip: ORLANDO, FL 32837

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

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: SHAKEEL SYED

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date