2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000089384

Entity Name: INNOVATIVE STONE & CABINETS, INC.

FILED Apr 19, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	KPORT CIRCL RTH, FL 3346				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
7822 RACKPORT CIRCLE LAKE WORTH, FL 33467			6555 GARDEN RD 16 RIVIERA BEACH, FL		
FEI Number	: 35-2273781	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:	
7822 RAC LAKE WO The above	ROLANDO A KPORT CIRCL RTH, FL 3346' named entity see of Florida.	7 US	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P () Delete TORIBIO, ROLANDO A 7822 RACKPORT CIRCLE LAKE WORTH, FL 33467		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete TORIBIO, MODESTO S 5429 MEADOW EDGE LAKE WORTH, FL 33463		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete TORIBIO, MODESTO S 5429 MEADOW EDGE : LAKE WORTH, FL 33463		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: Citv-St-Zip:	S () TORIBIO, MODI 5429 MEADOW LAKE WORTH.	EDGE	Title: Name: Address: Citv-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: ROLANDO TORIBIO P 04/19/2007