

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000097773

Entity Name: CENTRAL STONE, INC.

FILED
Jul 11, 2007
Secretary of State

Current Principal Place of Business:

1720 MAIN ST NE - UNIT 2
PALM BAY, FL 32905

New Principal Place of Business:

3172 SKYWAY CIRCLE
SUITE 3
MELBOURNE, FL 32934

Current Mailing Address:

1779 S PATRICK DR
INDIAN HARBOUR BEACH, FL 32937

New Mailing Address:

FEI Number: 56-2601057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELLI, MASSIMILIANO
1720 MAIN ST NE - UNIT 2
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

DELLI, MASSIMILIANO
3172 SKYWAY CIR
SUITE 3
MELBOURNE, FL 32934 US

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:

07/11/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAFIERO, ROBERT
Address: 2980 ALBERTA CT
City-St-Zip: MELBOURNE, FL 32835

Title: VPD () Delete
Name: CASAMASSIMA, NICHOLAS
Address: 1473 CASA RD
City-St-Zip: MELBOURNE, FL 32940

Title: SD () Delete
Name: DELLI, MASSIMILIANO
Address: 5149 WATER LILLY WAY
City-St-Zip: FT PIERCE, FL 34891

Title: TD () Delete
Name: DELLI, GIORGIO
Address: 5149 WATER LILLY WAY
City-St-Zip: FT PIERCE, FL 34891

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ROBERT CAFIERO

VPD

07/11/2007

Electronic Signature of Signing Officer or Director

Date