

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90007 040 \*\*\*150.00

<b>DOCUMENT # P06000100184</b> 1. Entity Name <b>MEANDROS NATURAL STONE, INC.</b>					
Principal Place of Business <b>3300 NE 192 ST SUITE 1518 AVENTURA, FL 33180</b>			Mailing Address <b>3300 NE 192 ST SUITE 1518 AVENTURA, FL 33180</b>		
2. Principal Place of Business - No P.O. Box # <b>18800 NE 29th Ave</b> Suite, Apt. #, etc. <b># 612</b>		3. Mailing Address <b>18800 NE 29th Ave.</b> Suite, Apt. #, etc. <b># 612</b>			
City & State <b>AVENTURA</b>		City & State <b>AVENTURA</b>		4. FEI Number <b>20-5321312</b>	
Zip <b>33180</b>		Country <b>U.S.A.</b>		Zip <b>33180</b>	
Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BOZKIR, NECIP 3300 NE 192 ST SUITE 1518 AVENTURA, FL 33180</b>			7. Name and Address of New Registered Agent Name <b>BOZKIR, NECIP</b> Street Address (P.O. Box Number is Not Acceptable) <b>18800 NE 29th Ave #612</b> City <b>AVENTURA</b> <b>FL</b> Zip Code <b>33180</b>		
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: <u></u> <b>NECIP BOZKIR</b> <span style="float: right;">02/16/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOZKIR, NECIP 3300 NE 192 ST SUITE 1518 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOZKIR, ALI 3300 NE 192 ST SUITE 1518 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOZKIR, HAMZA 3300 NE 192 ST SUITE 1518 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NECIP BOZKIR 18800 NE 29th Ave. #612 Aventura, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOZKIR ALI 18800 NE 29th Ave. #612 Aventura, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOZKIR, HAMZA 18800 NE 29th Ave. #612 Aventura, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOZKIR ALI 18800 NE 29th Ave. #612 Aventura, FL 33180	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOZKIR, HAMZA 18800 NE 29th Ave. #612 Aventura, FL 33180	<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: <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		02/16/07 <small>Date</small>		786-9421375 <small>Daytime Phone #</small>	