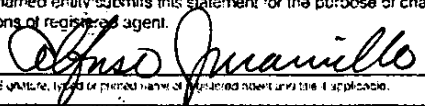
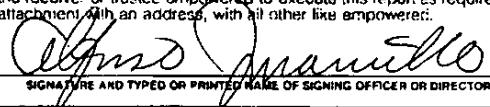


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Mar 21, 2008 8:00 am
Secretary of State

02-21-2008 90022 006 ***150.00

DOCUMENT # P07000072834 1. Entity Name JARAMILLO STONE CORPORATION					
Principal Place of Business 903 STILLWATER COURT WESTON FL 33327			Mailing Address 903 STILLWATER COURT WESTON FL 33327		
2. Principal Place of Business - No P.O. Box # 903 Stillwater Court		3. Mailing Address 903 Stillwater Court			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Weston, FL		City & State Weston, FL		4. FEI Number 06-1821094	
Zip 33407		Country 		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JARAMILLO, ALFONSO 903 STILLWATER COURT WESTON FL 33327				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JARAMILLO, ALFONSO 903 STILLWATER COURT WESTON FL 33327	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JARAMILLO, ELIZABETH 903 STILLWATER COURT WESTON FL 33327	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  03/17/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day:the Month: Year:					