2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

DOCUMENT # P07000102353 1. Entity Name PEREZ STONE SETTING, INC				Secretary of St 05-02-2008 90181 023 ***15				
Principal Plac	Mailing Address		· · · · · · · · · · · · · · · · · · ·	•				
717 HIGH STREET WEST PALM BCH, FL 33405		717 HIGH STREET WEST PALM BCH, FL 33405			ųv~			
·	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092008	Chg-P	CR2E034 (12/06)		
City & State		City & State		•	4. FEI Number	-6794		pplied For ot Applicable
Zip	Country	Zip	Cour	ntry		of Status Desired	\$8.75 Ad	
6. Name and Address of Current Registered Agent		Registered Agent			7. Name and	Address of New R		
PEDET EDAMOROO				Name				
PEREZ, FRANCISCO A 717 HIGH STREET WEST PALM BCH, FL 33405				Street Address (ress (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 FAMOUS BROWN 1.28-68								
SIGNATURE Signature. typed or print d frome of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE:								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE NAME			TITL			•	☐ Change	☐ Addition
STREET ADDRESS			NAM STRE	EET ADDRESS				
CITY-ST-ZIP	WEST PALM BCH, FL 33405		CITY	-ST-ZIP				
TITLE	☐ Defete T		TITL				☐ Change	Addition
NAME STREET ADDRESS	•		NAM	ET ADDRESS				
CITY-ST-ZIP	•			-ST-ZIP				
TITLE		☐ Delete	TITL	E			☐ Change	Addition
NAME STREET ACORESS			NAM					
CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
TITLE		☐ Delete	TITL				☐ Change	Addition
NAME			NAM	E			_ ,	_
STREET ADDRESS CITY-ST-ZIP				ET AODRESS - ST- ZIP				
TITLE		☐ Doiete	TITLE				☐ Change	☐ Addition
NAME	N			1				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
TITLE	, <u>, , , , , , , , , , , , , , , , , , </u>	☐ Delete	TITU				☐ Change	Addition
NAME -			NAM					}
STREET ADDRESS CITY-ST-ZIP				ET ADORESS - ST-ZIP				
12. Thereby 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 suppliernental 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

426-08

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