2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000018558

Entity Name: JOSIE STONE PA

FILED Jan 20, 2011 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--|------------------------------|----------------------------------|---|--|
| 10471 LONE STAR PLACE DAVIE, FL 33328 | | | | |
| Current Mailing Address: | | New Mailing Address | : | |
| 10471 LONE STAR PLACE DAVIE, FL 33328 | | | | |
| FEI Number: 26-4403740 FEI I | Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| STONE, JOSIE 10471 LONE STAR PLACE DAVIE, FL 33328 US | | | | |
| The above named entity submit in the State of Florida. | s this statement for the pur | rpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electronic Sig | nature of Registered Agent | t | Date | |
| STONE, JOSIE 10471 LONE STAR PLACE DAVIE, FL 33328 US The above named entity submits this statement for the purpose of changing its registered office or registered agen in the State of Florida. SIGNATURE: | | | office or registered agent, or bo | |

OFFICERS AND DIRECTORS:

Title:

Name: STONE, JOSIE

Address: 10471 LONE STAR PLACE

City-St-Zip: DAVIE, FL 33328

I hereby 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 all other like empowered.

SIGNATURE: JOSIE STONE P 01/20/2011