2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State
03-17-2004 90020 011 ***150.00

DOCUMENT # P96000011705

1. Entity Name
DESIGNS IN STONE INC.

Principal Place of Business	Mailing Address
819 SE 8TH AVE A DEERFIELD BEACH, FL 33441 US	1340 S. OCEAN BLVD. #2109 POMPANO BEACH, FL 33062 US

64U600G1

03032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
803 SW 14 TH CT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH FL	City & State
Zip: 33060 Country	Zip Country

4. FEI Number 65-0680014 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RESTREPO, PATRICIA 1340 S. OCEAN BLVD #2109 POMPANO BEACH, FL 33062	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	PTD RESTREPO, PATRICIA 1340 S. OCEAN BLVD. #2109 POMPANO BEACH, FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Patricia Restrepo PATRICIA RESTREPO PRESIDENT 3/3/04 (954) 943-1290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #