


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91006 050 ***150.00

DOCUMENT # P96000064413	
1. Entity Name LIMESTONE COMMUNICATIONS INC.	

Principal Place of Business 4300 SOUTHWEST 73RD AVE 107B MIAMI, FL 33155	Mailing Address 4300 SOUTHWEST 73RD AVE 107B MIAMI, FL 33155
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24067402



2. Principal Place of Business 2801 Ponce de Leon Blvd.	3. Mailing Address 2801 Ponce de Leon
Suite, Apt. #, etc. Suite # 800	Suite, Apt. #, etc. Suite # 800
City & State Coral Gables, FL.	City & State Coral Gables, FL.
Zip 33134	Country U.S.

04272004 Chg-P CR2E034 (10/03)

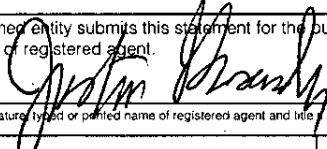
4. FEI Number 65-0691836	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent PRISENDORF, JUSTIN 4300 SOUTHWEST 73RD AVE STE 107B MIAMI, FL 33155	
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7. Name and Address of New Registered Agent	
Name Justin Prisendorf	
Street Address (P.O. Box Number is Not Acceptable) 2801 Ponce de Leon Blvd.	
Suite # 800	
City Coral Gables	FL Zip Code 33134

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: **4/29/04**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
NAME PRISENDORF, JUSTIN		NAME 2801 Ponce de Leon Blvd. Suite # 800	
STREET ADDRESS 4300 SW 73RD AVE STE 107B		STREET ADDRESS Coral Gables, FL. 33134	
CITY-ST-ZIP MIAMI, FL 33155		CITY-ST-ZIP 33134	
TITLE VP	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
NAME PRISENDORF, ALEXIS		NAME 2801 Ponce de Leon Blvd. Suite # 800	
STREET ADDRESS 4300 SW 73RD AVE STE 107B		STREET ADDRESS Coral Gables, FL. 33134	
CITY-ST-ZIP MIAMI, FL 33155		CITY-ST-ZIP 33134	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **Justin Prisendorf** DATE: **4/28/04** 305-460-9010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR