
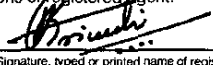
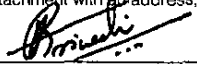


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90072 001 ***300.00

DOCUMENT # P96000089148 1. Entity Name STONESCAPE (USA), INC.					
Principal Place of Business 7709 ANDERSON ROAD TAMPA, FL 33634 US			Mailing Address P.O. BOX 2131 DUNEDIN, FL 34697 US		
2. Principal Place of Business 9822 ANDERSON RD Suite, Apt. #, etc.		3. Mailing Address 2939 HEATHER TRAIL Suite, Apt. #, etc.			
City & State TAMPA, FL		City & State CLEARWATER, FL		4. FEI Number 59-3413959	
Zip 33625		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRIVEDI, HARESH 2939 HEATHER TRAIL CLEARWATER, FL 33761			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:  HARESH TRIVEDI Feb 20, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete PATHAK, JAYSHREE 2842 GLEN HOLLOW DRIVE CLEARWATER, FL 33761		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PARUL TRIVEDI 2939 HEATHER TRAIL CLEARWATER, FL 33761	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC <input type="checkbox"/> Delete TRIVEDI, HARESH 2842 GLEN HOLLOW DRIVE CLEARWATER, FL 33761		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TRIVEDI, HARESH 2939 HEATHER TRAIL CLEARWATER, FL 33761	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  HARESH TRIVEDI <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date Feb 20 '04 (813) 968-7311 <small>Daytime Phone #</small>		