

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90043 008 ***150.00

DOCUMENT # P97000016228

1. Entity Name

DECORT STONEWORK, INC.



Principal Place of Business

4389 WESTSOADS DR
RIVIERA BEACH FL 33407
US

Mailing Address

4389 WESTSOADS DR
RIVIERA BEACH FL 33407
US

2. Principal Place of Business - No P.O. Box #

4389 Westroads Dr

3. Mailing Address

4389 Westroads Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Riviera Bch, FL

City & State

Riviera Bch, FL

4. FEI Number

65-0733308

Applied For

Not Applicable

Zip

33407

Country

Zip

33407

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JARAMILLO, ELIZABETH
903 STILLWATER CT.
WESTON FL 33327

7. Name and Address of New Registered Agent

Name
Elizabeth Jaramillo
Street Address (P.O. Box Number is Not Acceptable)
903 Stillwater Court
City
Weston FL Zip Code
33327

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

Elizabeth Jaramillo

Signature, last name, first name of registered agent and title, if applicable.

(NOTE: Registered Agent signature requires when reappointing)

DATE

02-01-08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
JARAMILLO, ELIZABETH
903 STILLWATER CT.
WESTON FL 33327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
JARAMILLO, ALFONSO
903 STILLWATER CT.
WESTON FL 33327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Elizabeth Jaramillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-05-08

Date

Daytime Phone #