


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90031 021 \*\*\*150.00

<b>DOCUMENT # P97000035173</b>	
1. Entity Name SILVER AND BLUE STONES, INC.	

Principal Place of Business 11955 S ORANGE BLOSSOM TRAIL SUITE 1 ORLANDO, FL 32837	Mailing Address 11955 S ORANGE BLOSSOM TRAIL SUITE 1 ORLANDO, FL 32837
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40011580



2. Principal Place of Business 3956 Town Center Blvd Suite, Apt. #, etc. STE 237 City & State Orlando, FL Zip 32837 Country U.S.A.	3. Mailing Address 3956 Town Center Blvd Suite, Apt. #, etc. STE 237 City & State Orlando, FL Zip 32837 Country U.S.A.
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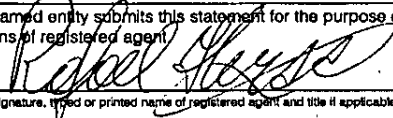
01262005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0745951	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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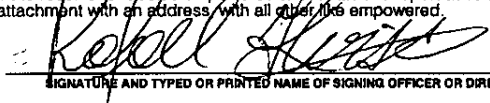
8. Name and Address of Current Registered Agent HIRSCH, RAFAEL 11955 S ORANGE BLOSSOM TRAIL, STE 1 ORLANDO, FL 32837	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3956 Town Center Blvd. Ste #237 City Orlando FL Zip Code 32837	
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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: 1/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	D HIRSCH, RAFAEL 11955 S ORANGE BLOSSOM TRAIL, STE 1 ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3956 Town Center Blvd. Ste #237 ORLANDO, FL 32837
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
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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 prepare 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 1/28/05 <small>Daytime Phone #</small>