

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90248 027 \*\*\*150.00

**DOCUMENT # P97000035173**

1. Entity Name

SILVER AND BLUE STONES, INC.



Principal Place of Business

3956 TOWN CENTER BOULEVARD  
SUITE 237  
ORLANDO FL 32837

Mailing Address

3956 TOWN CENTER BOULEVARD  
SUITE 237  
ORLANDO FL 32837

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

5250 INTERNATIONAL Dr.

3. Mailing Address

Suite, Apt. #, etc.

G8 (78)

City & State ORLANDO, FL

City & State

Zip 32819

Country ORANGE

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 65-0745951

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HIRSCH, RAFAEL  
3956 TOWN CENTER BOULEVARD  
SUITE 237  
ORLANDO FL 32837

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

Signature, typed or printed name of registered agent and state, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 D  
NAME HIRSCH, RAFAEL  
STREET ADDRESS 3956 TOWN CENTER BOULEVARD SUITE 237  
CITY-ST-ZIP ORLANDO FL 32837

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL HIRSCH

3/11/08

321-948-5705

Date

Daytime Phone #