2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P98000057317 05-06-2004 90166 046 ***150.00 MIAMI DECO-STONE, INC. Principal Place of Business Mailing Address 34052955 6990 NW 37 CT 6990 NW 37 CT MIAMI, FL 33147 MIAMI, FL 33147 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202004 CR2E034 (10/03) Chg-P 4. FEI Number Applied For City & State City & State 65-0855120 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERRERA HERRERA, GERARDO F Street Address (P.O. Box Number is Not Acceptable) 6990 NW 37 CT MIAMI, FL 33147 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 redistered agent. HERRERA VD 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE Delete TITLE Addition CRUZ H. HERRERA NAME NAME 690 NW 37 COURT MIAMI, FU 33147. 0 NE 37 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition HERRERA, GERARDO NAME NAME STREET ADDRESS 6990 NW 37 COURT STREET ADDRESS MIAMI, FL 33147 CITY-ST-7IF CITY-ST-ZIP ☐ Delete TITLE Change Audition TITLE PORRERO, MARCOS ANTONIO NAME STREET ADDRESS 725 NW 22 PLACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF Detete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE AND TYPE

CITY-ST-ZIP

FILED May 06, 2004 8:00 am