FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90213 038 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000087325**

1. Entity Name
STONELEAF, INC.

Principal Place of Business	Mailing Address
1650 NE 135 STREET #406 NORTH MIAMI, FL 33181	1650 NE 135 STREET #406 NORTH MIAMI, FL 33181

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7400 W 20 AVENUE	7400 W 20 AVENUE
Suite, Apt. #, etc.: #324	Suite, Apt. #, etc.: #324
City & State: HIALEAH, FL	City & State: HIALEAH, FL
Zip: 33016 Country: USA	Zip: 33016 Country: USA

4. FEI Number **65-0870900** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOREJON, AUGUSTIN 1650 NE 135 STREET #406 NORTH MIAMI, FL 33181	Name: Street Address (P.O. Box Number is Not Acceptable): 7400 W 20 AVE #324 City: HIALEAH FL Zip Code: 33016

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARAJON, AUGUSTIN 1650 NE 135 STREET #406 NORTH MIAMI, FL 33181 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOREJON, AUGUSTIN 7400 W 20 AVENUE #324 HIALEAH, FL 33016 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD O'NEAL, ALLISON 1650 NE 135 STREET #406 NORTH MIAMI, FL 33181 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MOREJON, JENNIFER 7400 W 20 AVENUE #324 HIALEAH, FL 33016 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] 4/21/03 305 335 8694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #