

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000091104

FILED
Feb 10, 2004
Secretary of State

Entity Name: TWIN STONE DESIGNS AND INSTALLATION, INC.

Current Principal Place of Business:

470 ANSIN BLVD
A
HALLANDALE, FL 33009

New Principal Place of Business:

2018 HAYES STREET
HOLLYWOOD, FL 3302 US

Current Mailing Address:

8456 GLENCAIRN TERRACE
HIALEAH, FL 33016

New Mailing Address:

8456 GLENCAIRN TERRACE
HIALEAH, FL 33016 US

FEI Number: 65-0956127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARENTE, MAYRA L
8456 GLENCAIRN TERRACE
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PARENTE, MAYRA
Address: 7915 NW 170 TERR.
City-St-Zip: MIAMI, FL 33015

Title: D () Delete
Name: MEDINA, PLINIO I
Address: 7915 NW 170 TERR.
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PARENTE, MAYRA L
Address: 8456 GLENCAIRN TERRACE
City-St-Zip: HIALEAH, FL 33016 US

Title: D (X) Change () Addition
Name: MEDINA, PLINIO I
Address: 8456 GLENCAIRN TERRACE
City-St-Zip: HIALEAH, FL 33016 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAYRA L. PARENTE

PRES

02/10/2004

Electronic Signature of Signing Officer or Director

_____ Date