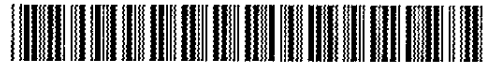


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT# P99000020145 1. Entity Name STONEANDEQUIPMENT, INC.	
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Principal Place of Business 7168 SW 47TH ST SUITE B MIAMI, FL 33155	Mailing Address 7168 SW 47TH ST SUITE B MIAMI, FL 33155
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01082004 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0905315	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RODRIGUEZ, LISSETTE 2201 BRICKELL AVE., #10 MIAMI, FL 33129

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agents signature required when installing) _____ **DATE** _____
Signature, typed or printed name of registered agent and date applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust/Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, LISSETTE 3600 ANDERSON ROAD CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TORMO, DANIEL 3600 ANDERSON ROAD CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/20/04-80003-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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 entity 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 that is otherwise empowered.

SIGNATURE: _____ **1-8-04** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #