2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					FILED
DOCUMENT # P99000027209 1. Entity Name					Mar 02, 2005 08:00 Al Secretary of State
U.S. STONE, INC.					Secretary of State
Principal Pla	ce of Business	Mailing Address		- The state of the	
3310 NW 79 AVE UNIT 7A MIAMI FL 33122		3310 NW 79 AVE UNI	3310 NW 79 AVE UNIT 7A		
MIMMI LT S	13122	MIAMI FL 33122	-		
2. Principal	Place of Business	3. Mailing Address	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)
City & State		City & State			4. FEI Number 65-0922302 Applied For
Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Curr	ent Registered Agent	<u> </u>		7. Name and Address of New Registered Agent
DIAZ, HIGINIO			Nar	ne	
8445 SW 96TH STREET MIAMI FL 33156			Stre	Street Address (P.O. Box Number is Not Acceptable)	
	/ _ 00100		City	 	77. 0.4
A The shove named entity submits this statement forthis number of changing its rec					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 harms of registered agest and title it applicable (NOTE Registered Agent signature required when reinstating) DITE					
	TLE NOW!!! FEE IS \$150.00				S. Election Campaign Financing \$5.00 May Be
	May 1, 2005 Fee Will Be \$550 k Payable to Florida Departmen				Trust Fund Contribution. Added to Fees
10.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	PSTD DIAZ, HIGINIO	☐ Delete	CETLE NAME		☐ Change ☐ Addition
STREET ADDRESS	3310 N.W. 79 AVE		SIREEI ADDR	ESS	
CITY-ST-ZIP	MIAMI FL 33122_		CITY-ST-ZIP	**	
TITLE NAME		☐ Delete	HILE AVALET		U00000248041 □ ^{Change} □ Addition 03/02/05-80013-022 150.00
STREET ADDRESS			NAME STREET ADDR	ESS	03/02/05-80013-022 150.00
CITY-ST-ZIP			CITY-ST-ZIP		
INCE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME	}		NAME		
STREET ADDRESS CITY - ST - ZIP			STREET ADDR	155	
TITLE		☐ Delete	υπε		☐ Change ☐ Addition
NAME		₩ 5000	NAME		
STREET ADDRESS			STREET ADDR	ESS	
CITY-ST-ZIP			CHY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME	}	☐ Change ☐ Addition
CTREET ADDRESS			STREET ADOR	ESS	
CHY-ST-ZIP			CtTY+ST-ZIP		
TUTLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
CITY-ST-ZIP		-	STREET ADDRI	SS	·
12. I hereby	certify that the information supplied	with this filling does not qualify for	the evention	etated in \$5	ction 119 07/3VI) Florida Statutas Liuthar soutiful that the Information
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 AND TYPE OF PRINTED THE OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: _