2095 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 11, 2005 08:00 AM Secretary of State DOCUMENT # P99000071426 1. Entity Name SPECIALTY STONE CONTRACTORS INCORPORATED Principal Place of Business Mailing Address 926 HARRISON STREET 926 HARRISON STREET HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0947621 Not Applicable Ζıp Country Zip 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 Name DIDONATO, JONATHAN 926 HARRISON STREET Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33019 City Zip Code FI 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 (NOTa., Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS 10. 11. ME Delete Total F DIDONATO, JONATHAN NAME NAME STREET ADDRESS 926 HARRISON STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33019 CHY-SI-ZIP Addition TITLE Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP UD0000298829 □ Change 04/11/05-80086-005 150. TITLE 🔲 Addition Delete DHY NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY-ST-ZIP TITLE 11116 ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-SI-7P THILE ☐ Delete THE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete NILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-SI-7IP

12. I hereby certify that the information supplied with this filling 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 it 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

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changed, or on an attachment with an address, with

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