

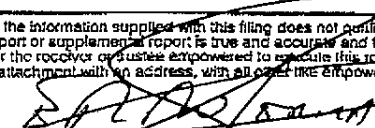
FROM :

FAX NO. :

Apr. 30 2004 10:03PM P1

FILED
May 04, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P99000086973			
1. Entity Name STONES USA INC.			
Principal Place of Business 13931 SW 39TH STREET MIAMI, FL 33175		Mailing Address 13931 SW 39TH STREET MIAMI, FL 33175	
DO NOT WRITE IN THIS SPACE			
5. Name and Address of Current Registered Agent LERMA, EDUARDO 13931 SW 39TH STREET MIAMI, FL 33175		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: _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		000000155091 05/05/04-80023-005 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	PD		
NAME	LERMA, EDUARDO		
STREET ADDRESS	13931 SW 39TH STREET		
CITY-ST-ZIP	MIAMI, FL 33175		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 an officer like empowered.			
SIGNATURE: 		EDUARDO LERMA PRESIDENT 4/30/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	