03/18/2004 10:40 3058877342

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State
03-22-2004 90066 011 ***150.00

DOCUMENT # V73879

1. Entity Name
ARTISTIC STONES, INC.

24026230

Principal Place of Business	Mailing Address
6990 NW 35 AVENUE MIAMI, FL 33147 US	6990 NW 35 AVENUE MIAMI, FL 33147 US

03012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0363091
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARENCIBIA, ROBERTO
6990 NW 35 AVENUE
MIAMI, FL 33147

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ARENCIBIA, ROBERTO
STREET ADDRESS	748 E. 53 ST.
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	MV
NAME	ARENCIBIA, ALEXANDER
STREET ADDRESS	748 E. 53 ST
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	SVD
NAME	ARENCIBIA, YRMA C
STREET ADDRESS	748 E. 53 ST.
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	MV
NAME	ARENCIBIA, ROBERTO JR
STREET ADDRESS	3920 E 10TH AVE
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: _____ 3/18/04 (305) 836-0449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #