

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT #V73879 1. Entity Name ARTISTIC STONES, INC.				Secretary of State	
Principal Place of Business 6990 NW 35 AVENUE MIAMI, FL 33147 US		Mailing Address 6990 NW 35 AVENUE MIAMI, FL 33147 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03222006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FCI Number 65-0363091	
Zip		Country		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				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ARENCIBIA, ROBERTO		NAME		
STREET ADDRESS	748 E. 53 ST.		STREET ADDRESS		
CITY- ST- ZIP	HIALEAH, FL 33013		CITY- ST- ZIP		
TITLE	MV	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ARENCIBIA, ALEXANDER		NAME		
STREET ADDRESS	748 E. 53 ST.		STREET ADDRESS		
CITY- ST- ZIP	HIALEAH, FL 33013		CITY- ST- ZIP		
TITLE	SVD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ARENCIBIA, YRMA C		NAME		
STREET ADDRESS	748 E. 53 ST.		STREET ADDRESS		
CITY- ST- ZIP	HIALEAH, FL 33013		CITY- ST- ZIP		
TITLE	MV	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ARENCIBIA, ROBERTO JR		NAME		
STREET ADDRESS	3920 E 10TH AVE		STREET ADDRESS		
CITY- ST- ZIP	HIALEAH, FL 33013		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or email other like empowered.					
SIGNATURE:  Roberto ARENCIBIA 4/26/06 (305)836-0449					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					