

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # V73879	
1. Entity Name ARTISTIC STONES, INC.	
Principal Place of Business 6990 NW 35 AVENUE MIAMI, FL 33147 US	Mailing Address 6990 NW 35 AVENUE MIAMI, FL 33147 US



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0363091	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ARENCIBIA, ROBERTO 748 E. 53 ST. HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MV ARENCIBIA, ALEXANDER 748 E. 53 ST. HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ARENCIBIA, YRMA C... 748 E. 53 ST. HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MV ARENCIBIA, ROBERTO JR 3920 E 10TH AVE HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/15/07-80023-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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, with all other like empowered.

SIGNATURE: YRMA C. ARENCIBIA 4/25/07 (305) 836-0449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #