

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 08:00 AM**  
**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**



02262008 No Chg-P CR2E034 (11/05)

**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 \_\_\_\_\_

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, 2008 Fee will be \$850.00**

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	

U00000872785  
04/10/08-80052-006 150.00

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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 Secretary YRMA C. ARENCIBIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/08 (305) 836-0449