

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000004746

Entity Name: ALPHA STONE DESIGNS, INC.**Current Principal Place of Business:**4723 EXCHANGE AVENUE
NAPLES, FL 34104**Current Mailing Address:**1853 SENEGAL DATE DRIVE
NAPLES, FL 34119**FEI Number:** 59-3690694**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VASILE G. BRISC
1853 SENEGAL DATE DRIVE
NAPLES, FL 34119 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	BRISC, VASILE GP
Address	1853 SENEGAL DATE DRIVE
City-State-Zip:	NAPLES FL 34119

Title	S
Name	DORINA, BRISC S
Address	1853 SENEGAL DATE DRIVE
City-State-Zip:	NAPLES FL 34119

Title	VP
Name	ROSMANN, SIGFRIED VP
Address	1963 WELLESLEY CIR
City-State-Zip:	NAPLES FL 34116

Title	VP
Name	PEIA FILIP, CIPRIAN
Address	4225 20TH AVE NE
City-State-Zip:	NAPLES FL 34104

Title	VC
Name	PATAKI, NORBERT
Address	4723 EXCHANGE AVENUE
City-State-Zip:	NAPLES FL 34104

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VASILE BRISC**PRESIDENT****03/01/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date