

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 8:00 am
Secretary of State

02-20-2006 90043 011 ***158.75

66004714



1st MOORE CR2E034 (10/05)

DOCUMENT # P05000026892 1. Entity Name EVOLUTION STONE, INC			
Principal Place of Business 7400 SW 8TH COURT NORTH LAUDERDALE FL 33068		Mailing Address 7400 SW 8TH COURT NORTH LAUDERDALE FL 33068	
2. Principal Place of Business 480 TALL Pines Rd Suite, Apt. #, etc. Suite B		3. Mailing Address 480 TALL Pines Rd #B Suite, Apt. #, etc.	
City & State West PALM Bch FL Zip FL 33413		City & State West PALM Bch FL Zip 33413	
Country USA		Country USA	
4. FEI Number 52-2451760		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SONA DE CARVALHO, EDER 7400 SW 8TH COURT NORTH LAUDERDALE FL 33068		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when certifying)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONA DE CARVALHO, EDER	NAME	De CARVALHO, Eder SONA
STREET ADDRESS	7400 SW 8TH COURT	STREET ADDRESS	
CITY- ST- ZIP	NORTH LAUDERDALE FL 33068	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	vice-president <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NERES, GILSON M	NAME	
STREET ADDRESS	7400 SW 8TH COURT	STREET ADDRESS	1214 Olympic Circle
CITY- ST- ZIP	NORTH LAUDERDALE FL 33068	CITY- ST- ZIP	Green Acres FL 33413
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: Gilson M. Neres <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/6/06 (50)6844679 <small>Date Daytime Phone #</small>	



ATTACHMENT
66004714

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

EVOLUTION STONE, INC
480 TALL PINE RD
STE. B
WEST PALM BEACH, FL 33413

Subject: **EVOLUTION STONE, INC**

Reference Number: **P05000026892**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION