## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 11, 2008 8:00 am Secretary of State

DOCUMENT # P0400066061  1. Entity Name GOLDSTAR STONE CORP.							01-11-200	8 90029 (	)30 ***15	50.00
Principal Place 456 RACCOO LAKE MARY,	N ST.	Mailing Address 456 RACCOON ST. LAKE MARY, FL 32746					 : : : : : : : : : : : : : : : : : : :			I <b>n n</b> i 18 i <b>n s</b> i
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01052008	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			•	4. FEI Numbe 20-114				plied For t Applicable
Žip	Country	Zip	try		5. Certificate of Status Desired Status Desired \$8.75 Addition Fee Required					
	6. Name and Address of Current	Registered Agent		Nemo		7. Name and	Address of New	Registered A	Agent	
ANDRADE, ARIVANY				Name						
456 RACCOON STREET LAKE MARY, FL 32746			Street Address (P.O. Box Number is Not Acceptable)							
				City FL Zip Code						
8 The above	named entity submits this statement f	ad office or	renisteren	lanant or hot	h in the State of F		familiar with	and accept		
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 X X LULY O Hall  SIGNATURE X										
Signature, lybed or printed name of registered agont and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE	P	☐ Delete	TITL		<u> </u>				Change	Addition
NAME	•		NAM	E	<u> </u>		مار حب آ <del>لد</del> ا	abla I		
STREET ADDRESS CITY-ST-ZIP				ELADDRESS 1345 Bennett Dr. 4101 St. AP Longwood, FL 32750						
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CITY-ST-ZIP	· .			S1-ZIP						
12. Linereby	certify that the information supplied wi	th this filing does not qualify f	or the ex	emptions o	ontained in	n Chapter 119	. Florida Statutes.	Liurther cer	tify that the in	nformation

I nereoy 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: Many SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR