

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90083 001 ***150.00
04-15-2008 90083 002 *****8.75

DOCUMENT # P06000063874

1. Entity Name
KALDERA STONE, INC.



Principal Place of Business
**2406 CENTERGATE DR.
MIRAMAR, FL 33025**

Mailing Address
**4960 NW 165 ST
B-18
MIAMI GARDENS, FL 33014 US**

66006723



04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4832514

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GLUZBAND, ISRAEL
2406 CENTERGATE DR.
MIRAMAR, FL 33025**

**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 *Israel Gluzband*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

APRIL 1/2008
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GLUZBAND, ISRAEL 2406 CENTERGATE DR. MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAHIN, MUSTAFA 2406 CENTERGATE DR. MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAHIN, SEZIN 2406 CENTERGATE DR. MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AKBILGIC, METIN 2406 CENTERGATE DR. MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AKBILGIC, SENIZ 2406 CENTERGATE DR. MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Israel Gluzband*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 1/2008 305 6326363
Date Daytime Phone #