2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jun 14, 2004 8:00 am DOCUMENT # P96000093368 **Secretary of State** 1. Entity Name 06-14-2004 90282 001 ***150.00 **GOLDSTONE CORPORATION** 06-14-2004 90282 002 ***400.00 Principal Place of Business Mailing Address 1849 DEWEY ST. 1010 S OCEAN BLVD 🕟 66428065 POMPANO BEACH FL 33069 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 240 SE 10 Street 240 SE 10 Street Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number City & State Applied For 65-0711912 Pompano Beach, Florida Pompano Beach, Florida Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33060 USA 6. Name and Address of Current Registered Agent 33060 7. Name and Address of New Registered Agent Edith Nussli HUGHEY, BONNIE J Street Address (P.O. Box Number is Not Acceptable) 1849 DEWEY ST. 240 SE 10 Street HOLLYWOOD FL 33020 City Pompano Beach 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 Edith Nussli Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE Delete TITLE ☐ Addition DPST HUGHEY, BONNIE J NAME NAME Edith Nussli STREET ADDRESS 1849 DEWEY ST., # 4 STREET ADDRESS 240 SE 10 Street HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP Pompano Bea h, FL 33060 DPS TITLE Delete TITLE Change ☐ Addition NAME LENHERR-TOEDTLI, ELKE NAME PO BOX 12 ESCHNER STRASSE 93 STREET ADDRESS STREET ADDRESS BENDERN, LIECHTENSTEIN FL FL-94-87 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. Edith Nussli

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