


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90007 004 ***150.00

DOCUMENT # P96000093368 1. Entity Name GOLDSTONE CORPORATION					
Principal Place of Business 1500 E. ATLANTIC BLVD. STE. B POMPANO BEACH, FL 33060 US			Mailing Address 1500 E. ATLANTIC BLVD. STE. B POMPANO BEACH, FL 33060 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 10893			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State POMPANO BEACH		4. FEI Number 65-0711912	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33061		USA		03132007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent BERATUNG, PROJENT 1500 E. ATLANTIC BLVD. STE. B POMPANO BEACH, FL 33060				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Edith Nussli</i></u> EDITH NUSSLI PRESIDENT 3/14/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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 NAME STREET ADDRESS CITY-ST-ZIP	DPST NUSSLI, EDITH <input checked="" type="checkbox"/> Delete 240 SE 10 STREET POMPANO BEACH, FL 33060		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST NUSSLI, EDITH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2797 NE 15 STREET POMPANO BEACH, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Edith Nussli</i></u> EDITH NUSSLI PRESIDENT 3/14/2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					