

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000091242

Entity Name: CORNER LIMITED, INC.

FILED  
Jul 07, 2009  
Secretary of State

**Current Principal Place of Business:**

3593 BIRDIE DRIVE  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

3593 BIRDIE DRIVE  
LAKE WORTH, FL 33467

**New Mailing Address:**

FEI Number: 36-4641796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: LEIZIGER, HERB  
Address: 3593 BIRDIE DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: VD ( ) Delete  
Name: CUBITT, ZACHARY  
Address: 3593 BIRDIE DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: TD ( ) Delete  
Name: SANTORO, MAX  
Address: 3593 BIRDIE DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: CUBITT, ZACHARY  
Address: 3593 BIRDIE DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERB LEIZIGER

PSD

07/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date