

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000072724

FILED
May 24, 2011
Secretary of State

Entity Name: CORNERSTONE SERVICING CORP.

Current Principal Place of Business:

570 SW RABBIT AVE.
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

570 SW RABBIT AVE.
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 27-3469029

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

OFFICERS AND DIRECTORS:

Title: PD
Name: POCCHIARI, STEPHANIE
Address: 570 SW RABBIT AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VD
Name: POCCHIARI, JASON
Address: 570 SW RABBIT AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: S
Name: MATWAY, STACI
Address: 570 SW RABBIT AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: T
Name: D'AMATO, DESIREE
Address: 570 SW RABBIT AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: STEPHANIE POCCHIARI

PRES

05/24/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date