

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 12, 2007  
Secretary of State**

DOCUMENT# P97000032939

Entity Name: CORNERSTONE HERON POINTE, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

2121 PONCE DE LEON BLVD  
PH  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

**New Mailing Address:**

2121 PONCE DE LEON BLVD  
PH  
CORAL GABLES, FL 33134 US

FEI Number: 65-0748059

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

REGISTERED AGENTS OF FLORIDA, LLC  
100 S E 2ND ST  
SUITE 2900  
MIAMI, FL 33131 US

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

Title: D ( ) Delete  
Name: MADES, MARA S  
Address: 2121 PONCE DE LEON BLVD, PH  
City-St-Zip: CORAL GABLES, FL 33134

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

Title: D ( ) Delete  
Name: LOPEZ, JORGE  
Address: 2121 PONCE DE LEON BLVD, PH  
City-St-Zip: CORAL GABLES, FL 33134

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

Title: D ( ) Delete  
Name: MEYERS, STUART I  
Address: 2121 PONCE DE LEON BLVD, PH  
City-St-Zip: CORAL GABLES, FL 33134

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JORGE LOPEZ

D

03/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date