

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # K49866**

1. Entity Name

CORNERSTONE FAMILY HOLDINGS, INC.



Principal Place of Business

6561 NW 21ST AVE  
FT. LAUD FL 33308  
US

Mailing Address

PO BOX 39762  
FT. LAUD FL 33339  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0087101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIBERTO, JOHN  
6561 NE 21ST AVE.  
FT. LAUD FL 33308

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME: C  
STREET ADDRESS: LIBERTO, JOHN  
CITY-ST-ZIP: 6561 NE 21ST AVE  
FT LAUD FL

TITLE ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ Delete  
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STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME: U000000679623  
STREET ADDRESS: 04/03/07-80044-024 150.00  
CITY-ST-ZIP:

TITLE ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ Change ☐ Addition  
NAME:  
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CITY-ST-ZIP:

TITLE ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*John Liberto* JOHN LIBERTO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-07

954-295-6249

Date

Daytime Phone #