

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031122

FILED
Apr 26, 2008
Secretary of State

Entity Name: CORNERSTONE ALLIANCE, LLC

Current Principal Place of Business:

12836 SW 49 TERRACE
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

12836 SW 49 TERRACE
MIAMI, FL 33175

New Mailing Address:

FEI Number: 22-3907052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUERRA, JORGE
12836 SW 49 TERRACE
MIAMI, FL 33175 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RODRIGUEZ, RICARDO
Address: 6262 SW 158 CT
City-St-Zip: MIAMI, FL 33193

Title: MGRM () Delete
Name: GUERRA, JORGE
Address: 12836 SW 49 TERRACE
City-St-Zip: MIAMI, FL 33175

Title: MGRM () Delete
Name: RODRIGUEZ, MARIA
Address: 6262 S.W. 158 CT
City-St-Zip: MIAMI, FL 33193

Title: MGRM () Delete
Name: LORENZO-GUERRA, VIVIAN
Address: 12836 SW 49 TERRACE
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES:

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

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

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

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JORGE GUERRA

MGRM

04/26/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date