



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90026 033 ***138.75

DOCUMENT # L07000113080 1. Entity Name CORNERSTONE INTERNATIONAL HOLDING LLC					
Principal Place of Business 777 N.W. 7TH STREET, SUITE #3033 MIAMI, FL 33126				Mailing Address 777 N.W. 7TH STREET, SUITE #3033 MIAMI, FL 33126	
2. Principal Place of Business - No P.O. Box # 777 N.W. 72 St Suite, Apt. #, etc. 3033		3. Mailing Address 777 N.W. 72 St. Suite, Apt. #, etc. 3033		60038575 	
City & State Miami, FLA.		City & State Miami FLA.		4. FEI Number 30-0449456	
Zip 33126		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PUIG, MAGALI L 777 N.W. 7TH STREET, SUITE #3033 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name MAGALI L. PUIG Street Address (P.O. Box Number is Not Acceptable) 777 N.W. 72 AVENUE SUITE 3033 City Miami FL Zip Code 33126	
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 <u><i>Magali L. Puig</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><i>4/29/08</i></u>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JERONIMO ARRUDA, DEISE 782 N.W. LEJEUNE ROAD SUITE 428 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARRUDA, DEISE JERONIMO 777 N.W. 72 AVE # 3033 Miami, FLA. 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ DATE <u><i>4/29/08</i></u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					