


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90009 009 ***158.75

DOCUMENT # *M43932*

1. Entity Name
CORNERSTONE INTERNATIONAL CORP.



DO NOT WRITE IN THIS SPACE

44010792

2. Principal Place of Business

3. Mailing Address
5030 CHAMPION BLVD.

Suite, Apt. #, etc.
#6-111

City & State
BOCA RATON, FL.

Zip
33496

Country
U.S.

DO NOT WRITE IN THIS SPACE

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4. FEI Number
59-2752665

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
HERBERT JACOBS

Street Address (P.O. Box Number is Not Acceptable)
2380 NW 53 STREET

City
BOCA RATON

State
FL

Zip Code
33496

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 <i>PRES.</i>	NAME <i>HERBERT JACOBS</i>	TITLE	
STREET ADDRESS <i>2380 NW 53 STREET</i>	CITY-ST-ZIP <i>BOCA RATON, FL 33496</i>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <i>SEC.</i>	NAME <i>MARJORIE JACOBS</i>	TITLE	
STREET ADDRESS <i>2380 NW 53 STREET</i>	CITY-ST-ZIP <i>BOCA RATON, FL 33496</i>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Herbert Jacobs* **HERBERT JACOBS** *1-31-04* **561 997-0864**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)