


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

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90377 048 ***158.75

DOCUMENT # M43932	
1. Entity Name CORNERSTONE INTERNATIONAL CORP.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5030 CHAMPION BLVD. #6-111	3. Mailing Address SAME
Suite, Apt. #, etc. #6-111	Suite, Apt. #, etc.
City & State BOCA RATON, FL	City & State
Zip 33496	Country

40061227

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number		Applied For
			Not Applicable
	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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 ST.			
City BOCA RATON 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 re-registering)** **DATE**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE PRES.	NAME HERBERT JACOBS	TITLE	
STREET ADDRESS 2380 NW 53 ST.		NAME	
CITY-ST-ZIP BOCA RATON, FL, 33496		STREET ADDRESS	
TITLE SEC.	NAME MARJORIE JACOBS	TITLE	
STREET ADDRESS 2380 NW 53 ST.		NAME	
CITY-ST-ZIP BOCA RATON, FL, 33496		STREET ADDRESS	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

PRES.

Date **Daytime Phone #**

CR200348 (12/02)