

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000027279

Name
CORNWALL GROUP, INC.



The Cornwall Group, Inc

Principal Place of Business
45 N.W. 19TH ST.
MIAMI, FL 33172

Mailing Address
10145 N.W. 19TH ST.
MIAMI, FL 33172

FILED
Mar 17, 2004 08:00 AM
Secretary of State



03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-6338509	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SHOPAY, DAVID
10145 N.W. 19TH ST.
MIAMI, FL 33172

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000090940
03/17/04-80039-009 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOPAY, DAVID 10145 N.W. 19TH ST. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOPAY, TOM 10145 N.W. 19TH ST. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASTEAZORO, ALFREDO 10145 N.W. 19TH ST. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOPAY, REBECCA L 10145 N.W. 19TH ST. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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)(f), 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:

David A. Shopay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04
Date

305-592-9747
Daytime Phone #