

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000086146	
1. Entity Name CORNERSTONE FINANCIAL SERVICES, INC.	

Principal Place of Business 4851 W HILLSBORO BLVD A-12 COCONUT CREEK, FL 33073	Mailing Address 4851 W HILLSBORO BLVD A-12 COCONUT CREEK, FL 33073
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01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1040096	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FREDRICKSON, DAVID 375 SEQUOIA LANE BOCA RATON, FL 33487	DO NOT WRITE IN THIS SPACE
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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 _____

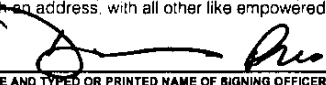
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FREDRICKSON, DAVID 375 SEQUOIA LANE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GUENETTE, DAVID JR 3834 NW 63 TERRACE CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FREDRICKSON, DAVID R II 574017 ARBOR CLUB WAY BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

U000000805053
02/05/08-800934-007-150.00

12. 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 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:  **1-12-08 954-794-0950**

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