

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90260 034 \*\*\*150.00

DOCUMENT # P00000090917

1. Entity Name

CORNERSTONE INVESTMENT TEAM, INC.



Principal Place of Business

6821 LEE STREET  
HOLLYWOOD FL 33024

Mailing Address

6821 LEE STREET  
HOLLYWOOD FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1045386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOROTA, ALAN M  
290 NORTH WEST 165TH STREET  
PENTHOUSE 4 CICICENTRE  
MIAMI FL 33169

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME SANTIAGO, JOSE J  
STREET ADDRESS 1930 NW 99TH AVE  
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE DS ☐ Change ☒ Addition  
NAME SANTIAGO, RAFAEL  
STREET ADDRESS 6821 LEE ST.  
CITY-ST-ZIP HOLLYWOOD, FL. 33024

TITLE D ☐ Delete  
NAME SANTIAGO, XIOMARA M  
STREET ADDRESS 1930 NW 99TH AVE  
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SANTIAGO, JOAQUIN  
STREET ADDRESS 6437 ALLEN STREET  
CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT ☐ Delete  
NAME SANTIAGO, GLADYS  
STREET ADDRESS 6437 ALLEN STREET  
CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ARAUJO, GERMAN  
STREET ADDRESS 7001 COOLIDGE ST  
CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ARAUJO, MARGIE  
STREET ADDRESS 7001 COOLIDGE ST  
CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:

*JOSÉ J. SANTIAGO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/05 954)558-0154  
Date Daytime Phone #