2005 FOR PROFIT CORPORATION

FILED

ANNUAL REPURI					Feb 0	4, 2005
1. Entity Name CORNER	STONE MOTORS, INC.					cretary of State
Principal Place of Business 2840 FOREST HILL BLVD WEST PALM BEACH, FL 33435 Mailing Address 2840 FOREST HILL BLVD WEST PALM BEACH, FL 33435 WEST PALM BEACH, FL 33435						
D	O NOT WRITE	CE	01112005 4. FEI Numb 65-107	Nó Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MERCADANTE, PATRICK 2840 FOREST HILL BLVD WEST PALM BEACH, FL 33406			DO NOT WRITE IN THIS SPACE			
8. The above named entity submits this statement for the purpose of changing its registered office or registered age the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when recommendations)						rida. I am familiar with, and accept OATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.1 Trust Fund Contribution. Adde				.00 May Be ed to Fees		
TITLE NAME STREET ADDRESS	OFFICERS AND DI DP MERCADANTE, PATRICK 2840 FOREST HILL BLVD WEST PALM BEACH, FL 33406 VP MERCADANTE, ANNMARIE 2840 FOREST HILL BLVD	RECTORS	-		0000002 02/05/05-8	15551 0014-009 150.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WEST PALM BEACH, FL 33406				NOT W THIS SP	
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TITLE 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 an address, with all other like empowered.						
SIGNATURE: Talue There and typed on printed name of signing officer or director Date Date Dayline Prone 4						