

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000086668

1. Entity Name
CORNERSTONE GLOBAL, INC.



Principal Place of Business
815 BLUE CRANE DR
VENICE, FL 34285

Mailing Address
815 BLUE CRANE DR
VENICE, FL 34285

FILED
Apr 21, 2005 08:00 AM
Secretary of State



04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1136658

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	CENTOFANTI, JOSEPH J
STREET ADDRESS	815 BLUE CRANE DR
CITY-ST-ZIP	VENICE, FL 34285
TITLE	S
NAME	CENTOFANTI, JOSEPH J III
STREET ADDRESS	815 BLUE CRANE DR
CITY-ST-ZIP	VENICE, FL 34285
TITLE	D
NAME	CENTOFANTI, FAITH H
STREET ADDRESS	815 BLUE CRANE DR
CITY-ST-ZIP	VENICE, FL 34285
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000320293
04/21/05-80032-012 150.00

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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: *J Centofanti* 4/15/05 941-496-8002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #