


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000068512
1. Entity Name
CORNERSTONE OF SOUTH FLORIDA, INC.



Principal Place of Business Mailing Address
8175 W. 32ND AVE 8175 W. 32ND AVE
#1 #1
HIALEAH, FL 33018 HIALEAH, FL 33018

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
46-0487668 Not Applicable

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

6. Name and Address of Current Registered Agent

SANCHEZ, JOSE M
8175 W. 32ND AVE #1
HIALEAH, FL 33018

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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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, MARIA C 8175 W. 32ND AVE #1 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUTIERREZ, ROBERT 8175 W. 32ND AVE #1 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANCHEZ, JOSE M 8175 W 32ND AVE #1 HIALEAH, FL 33018
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/22/04-80031-001 150.00

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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)(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: *Jose M Sanchez* *President* *1/23/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #