


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000068512

1. Entity Name  
CORNERSTONE OF SOUTH FLORIDA, INC



Principal Place of Business 8175 W. 32ND AVE #1 HIALEAH, FL 33018	Mailing Address 8175 W. 32ND AVE #1 HIALEAH, FL 33018
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02022006 No Chg-P CR2E034 (11/05)

4. FEI Number 46-0487668	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	S SANCHEZ, JOSE M 8175 W 32ND AVE #1 HIALEAH, FL 33018
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000000423776  
02/18/06-80021-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Maria C. Sanchez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/06  
DATE

Daytime Phone #