

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000101166

FILED
Apr 06, 2006
Secretary of State

Entity Name: CORNERSTONE DEVELOPMENT MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD PH
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD PH
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

REGISTERED AGENTS OF FLORIDA LLC
100 SE 2ND STREET SUITE 2900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CH () Change (X) Addition
Name: MEYERS, STUART I
Address: 2121 PONCE DE LEON BLVD., PH
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VCH () Change (X) Addition
Name: LOPEZ, JORGE
Address: 2121 PONCE DE LEON BLVD., PH
City-St-Zip: CORAL GABLES, FL 33134 US

Title: P/AS () Change (X) Addition
Name: WOLFE, LEON J
Address: 2121 PONCE DE LEON BLVD., PH
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP/S () Change (X) Addition
Name: MADES, MARA S
Address: 2121 PONCE DE LEON BLVD., PH
City-St-Zip: CORAL GABLES, FL 33134 US

Title: T () Change (X) Addition
Name: ADAMS, BRUCE
Address: 2121 PONCE DE LEON BLVD., PH
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON J. WOLFE

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04/06/2006

Electronic Signature of Signing Officer or Director

Date