

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000123778

FILED  
May 01, 2006  
Secretary of State

Entity Name: CORNERSTONE BOA 1, 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: 20-3438575      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS OF FLORIDA, LLC  
100 SE SECOND ST STE 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

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

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

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

P

05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date