


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90073 020 \*\*\*150.00

DOCUMENT # P05000126062		
1. Entity Name CORNERSTONE INSPECTION SERVICES OF SOUTH FLORIDA, INC.		

Principal Place of Business 7554 STIRLING ROAD #103 HOLLYWOOD, FL 33024-1559	Mailing Address 7554 STIRLING ROAD #103 HOLLYWOOD, FL 33024-1559
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2. Principal Place of Business 3325 GRIFFIN RD	3. Mailing Address
Suite/Apt. #, etc. # 215	Suite, Apt. #, etc.
City & State FT. LAUDERDALE, FL	City & State
Zip 33312	Country USA

40052507



01242006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3518328		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ESPOSITO, THOMAS 7554 STIRLING ROAD #103 HOLLYWOOD, FL 33024-1559		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06 954-931-1134

Date

Daytime Phone #