


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90133 012 ***150.00

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

Principal Place of Business 3325 GRIFFIN RD # 215 FORT LAUDERDALE, FL 33312	Mailing Address 7554 STIRLING ROAD #103 HOLLYWOOD, FL 33024-1559
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 3325 GRIFFIN RD
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 215
City & State	City & State FT. LAUDERDALE, FL
Zip	Zip 33312
Country	Country USA

40043313



03092007 Chg-P CR2E034 (12/06)

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	
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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	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO ESPOSITO, THOMAS 7554 STIRLING RD, # 103 HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO ESPOSITO, PAULA 7554 STIRLING RD, #103 HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: 	THOMAS ESPOSITO	3/23/07	954-963-2424
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