

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000066133

FILED
Jul 26, 2009
Secretary of State

Entity Name: THE CORNERSTONE BISTRO 2, INC.

Current Principal Place of Business:

10650 SW WEST PARK AVE
PORT SAINT LUCIE, FL 34987

New Principal Place of Business:

10511 S.W. VILLAGE CENTER DRIVE
PORT SAINT LUCIE, FL 34987

Current Mailing Address:

10650 SW WEST PARK AVE
PORT SAINT LUCIE, FL 34987

New Mailing Address:

10511 S.W. VILLAGE CENTER DRIVE
PORT SAINT LUCIE, FL 34987

FEI Number: 26-2985829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ZOLLO, MARK A PRESIDE
10511 S.W. VILLAGE CENTER DRIVE
PORT SAINT LUCIE, FL 34987 US

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: MARK ANTHONY ZOLLO

07/26/2009

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: D () Delete
Name: ZOLLO, MARK A
Address: 10650 SW WEST PARK AVE
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: D () Delete
Name: ZOLLO, THERESA A
Address: 10650 SW WEST PARK AVE
City-St-Zip: PORT SAINT LUCIE, FL 34987

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARK ANTHONY ZOLLO

PRES

07/26/2009

Electronic Signature of Signing Officer or Director

Date