

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000075126

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: COBBLESTONE CENTER, INC.

## Current Principal Place of Business:

18205 BISCAYNE BLVD.  
SUITE 2202  
AVENTURA, FL 33160

## New Principal Place of Business:

## Current Mailing Address:

18205 BISCAYNE BLVD.  
SUITE 2202  
AVENTURA, FL 33160

## New Mailing Address:

FEI Number: 26-3160337      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HALBERSTEIN, DANIEL  
18205 BISCAYNE BLVD.  
SUITE 2202  
AVENTURA, FL 33160 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: P/S ( ) Delete  
Name: HALBERSTEIN, DANIEL  
Address: 20105 NE 21ST COURT  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VP/T ( ) Delete  
Name: ENSLEIN, JENNIFER  
Address: 20201 NE 23RD COURT  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: D ( ) Delete  
Name: HALBERSTEIN, EDUARDO  
Address: 1960 NE 198TH TERRACE  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D ( ) Delete  
Name: SALK, CECILIA  
Address: 19931 NE 22ND AVENUE  
City-St-Zip: NORTH MIAM BEACH, FL 33180

Title: D ( ) Delete  
Name: MARS, ARIELA  
Address: 20011 NE 22ND AVENUE  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DANIEL HALBERSTEIN

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date