

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000064846

FILED
Jun 29, 2009
Secretary of State

Entity Name: CORNERSTONE GROUP CONSTRUCTION, INC.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD.
PH
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD.
PH
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0449087 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 SOUTHEAST SECOND STREET
SUITE 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: DCH () Delete
Name: MEYERS, STUART I
Address: 2121 PONCE DE LEON BLVD, PH
City-St-Zip: CORAL GABLES, FL 33134

Title: DVCH () Delete
Name: LOPEZ, JORGE
Address: 2121 PONCE DE LEON BLVD, PH
City-St-Zip: CORAL GABLES, FL 33134

Title: DVPS () Delete
Name: MADES, MARA
Address: 2121 PONCE DE LEON BLVD, PH
City-St-Zip: CORAL GABLES, FL 33134

Title: DPAS () Delete
Name: WOLFE, LEON
Address: 2121 PONCE DE LEON BLVD, PH
City-St-Zip: CORAL GABLES, FL 33134

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: LEON J. WOLFE

VP

06/29/2009

Electronic Signature of Signing Officer or Director

_____ Date