


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000023359 1. Entity Name CORNER HOLDINGS, INC.	
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Principal Place of Business 25 S.E. 2ND AVE. SUITE 750 MIAMI, FL 33131	Mailing Address 25 S.E. 2ND AVE. SUITE 750 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0574265	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KAPUSTIN, RAFAEL 25 S.E. 2ND AVE. SUITE 750 MIAMI, FL 33131

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____

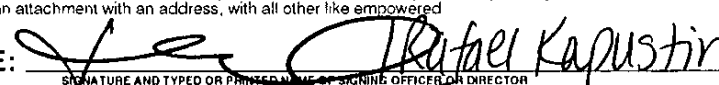
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAPUSTIN, RAFAEL 25 S.E. 2ND AVE., #750 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAPUSTIN, SARA 25 SE SECOND AVE #750 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAPUSTIN, ANDREW J 25 SE SECOND AVE #750 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAPUSTIN, GINA E 25 SE SECOND AVE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/09/07-80012-013 150.00

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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:  1/4/07 305371-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #