FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2002 8:00 am Secretary of State 05-07-2002 90048 001 *****8.75

DOCUMENT # 095000036411	0
Cornerstone Financial Manager	nent Ine.

DO NOT WRITE IN THIS SPACE 2. Principal Place of Business Service Ser	Cornerstone Financial Mana	gement Inc	05-07-2002 90048 002 ***150.00
Suite, Apr. F. P.C. Suite, Apr. F. VIC. Suite, Apr. F. VIC. Coy & Sale Coy & Sale A. Fell Number Co. Co. St. Sol. O. Applied for Nex Applicated Nex Applicated The Country Suite, Apr. F. VIC. Suite, Apr. F. VIC. Coy & Sale A. Fell Number Co. Co. St. Sol. O. Nex Applicated Nex Applicated The Name and Address of Current Registered Agent Number Apr. F. V. Co. Suite, Apr. F. VIC. Suite, Apr. F.	DO NOT WRITE IN THIS SI	PACE	
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\$6. The adviser among entry submits this statement for the purpose of changing as registered disco or registered agent. Signature	Over State Par 2, 52 City & State		4. FEI Number 65 - 0583001 Applied For Not Applied by
DO NOT WRITE IN THIS SPACE IN THIS	33309 Country Zip	I Country I	5. Certificate of Status Desired \$8.75 Additional
IN THIS SPACE Street Address (P.O. Box Number is Not Acceptable) 19 73 NW 45th 5th 5th 5th 5th 5th 5th 5th 5th 5th		4 Name L	- 1/1
a. 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	The state of the state of the second of the		
SIGNATURE Signature typer or prised name of registered agent and text of applicable. 9. This corporation is eligible to satisfy its Intanglible Tast filling requirement and elects to do so. See criteria on back Se	IN THIS SPACE	1923 N	w 45th Street
SIGNATURE Signature, typed or privated mome of registered agent and aller if applications. (NOTE: Registered Agent Agreet agreeting respired when restrictioning) DATE 9. This corporation is eligible to satisfy its Intangible Take filling requirement and elects to do so. See criteria on back After May 1, Fee is \$150.00 After May 1, Fee is \$50.00 After	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		
Tax filing requirement and elects to do so (See criteria on back) After May 1, Fee is \$55.00 May 86 (See criteria on back) After May 1, Fee is \$55.00 May 86 (See criteria on back) After May 1, Fee is \$55.00 May 86 (See criteria on back) After May 1, Fee is \$55.00 May 86 (See criteria on back) After May 1, Fee is \$55.00 May 86 (See criteria on back) After May 1, Fee is \$55.00 May 86 (See criteria on back) After May 1, Fee is \$55.00 May 86 (See criteria on back) After May 1, Fee is \$55.00 May 86 (See criteria on back) After May 1, Fee is \$55.00 May 86 (See criteria on back) After May 1, Fee is \$55.00 May 86 (See criteria on back) After May 1, Fee is \$55.00 May 86 (See criteria on back) After May 1, Fee is \$55.00 May 86 (See criteria on back) After May 1, Fee is \$55.00 May 86 (See criteria on back) After May 1, Fee is \$55.00 May 86 (See criteria on back) After May 1, Fee is \$55.00 May 86 (See criteria on back) After May 1, Fee is \$55.00 May 86 (See criteria on back) After May 1, Fee is \$55.00 May 86 (See criteria on back) After May 1, Fee is \$55.00 May 86 (See criteria on back) After Albands Singer	SIGNATURE		
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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 attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-40-6012 Daytime Phone #