

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000022024

FILED
Apr 22, 2008
Secretary of State

Entity Name: CORNERSTONE RESIDENTIAL MANAGEMENT, 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: 65-0739701 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
STE 2900
MIAMI, FL 331312130 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: DC () Delete
Name: MEYES, STUART I
Address: 2121 PONCE DE LEON BLVD., PH
City-St-Zip: CORAL GABLES, FL 33134

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

Title: P/AS () Delete
Name: WOLFE, LEON J
Address: 2121 PONCE DE LEON BLVD., PH
City-St-Zip: CORAL GABLES, FL 33134 US

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

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

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: LEON J. WOLFE

Electronic Signature of Signing Officer or Director

P

04/22/2008

_____ Date