


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K45516</b>	
1. Entity Name <b>LANDSTAR DEVELOPMENT CORPORATION</b>	

Principal Place of Business <b>550 BILTMORE WAY 1110 CORAL GABLES, FL 33134 US</b>	Mailing Address <b>550 BILTMORE WAY 1110 CORAL GABLES, FL 33134 US</b>
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**DO NOT WRITE IN THIS SPACE**



03302007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0094460</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHECHTER, ROSA ECKSTEIN  
550 BILTMORE WAY SUITE 1120  
CORAL GABLES, FL 33134**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

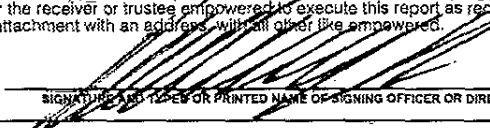
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC STERN, RODOLFO 550 BILTMORE WAY #1110 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HORWITZ, ROBERTO (EX) 550 BILTMORE WAY #1110 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SERVIANSKY, DAVID (EX) 550 BILTMORE WAY #1110 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STERN, EDUARDO (EX) 550 BILTMORE WAY #1110 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNARD, ECKSTEIN 550 BILTMORE WAY #1110 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPLD TRUSSELL, GUY 4700 MILLENIA BLVD 175 ORLANDO, FL 32839

U00000736741  
05/10/07-80087-018 150.00

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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:**  **Rodolfo Stern** **4/19/07** **(305) 461-2440**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #