

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90035 017 ***158.75

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01222004 Chg-P CR2E034 (10/03)

DOCUMENT # S76145					
1. Entity Name LIMONAR DEVELOPMENT, INC.					
Principal Place of Business 260 CRANDON BLVD. SUITE 26C KEY BISCAIYNE, FL 33149			Mailing Address 260 CRANDON BLVD. SUITE 26C KEY BISCAIYNE, FL 33149		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0294644	Applied For Not Applicable
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORDOBA, MARIA C 260 CRANDON BLVD #26 KEY BISCAIYNE, FL 33149			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORDOBA, ALFONSO		NAME		
STREET ADDRESS	260 CRANDON BLVD #26		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAIYNE, FL		CITY-ST-ZIP		
TITLE	VP/S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORDOBA GOOD, MARIA C		NAME		
STREET ADDRESS	260 CRANDON BLVD #26		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOOD, SIDNEY S		NAME		
STREET ADDRESS	260 CRANDON BLVD. STE 26		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAIYNE, FL		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORDOBA, VIRGINIA		NAME		
STREET ADDRESS	260 CRANDON BLVD. STE 26		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAIYNE, FL		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORDOBA, CECILIA		NAME		
STREET ADDRESS	260 CRANDON BLVD. STE 26		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAIYNE, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Maria C. Cordoba Good</i> MARIA C. CORDOBA GOOD, VP/S			01/23/2004 (305) 361-9800		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		