


**606 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # S76145
1. Entity Name
LIMONAR DEVELOPMENT, INC.



Principal Place of Business
**260 CRANDON BLVD.
SUITE 26C
KEY BISCAVNE, FL 33149**

Mailing Address
**260 CRANDON BLVD.
SUITE 26C
KEY BISCAVNE, FL 33149**



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0294644 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CORDOBA, MARIA C
260 CRANDON BLVD #26
KEY BISCAVNE, FL 33149**

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | P |
| NAME | CORDOBA, ALFONSO |
| STREET ADDRESS | 260 CRANDON BLVD #26 |
| CITY-ST-ZIP | KEY BISCAVNE, FL |
| TITLE | VP/S |
| NAME | CORDOBA GOOD, MARIA C |
| STREET ADDRESS | 260 CRANDON BLVD #26 |
| CITY-ST-ZIP | KEY BISCAVNE, FL 33149 |
| TITLE | VPD |
| NAME | GOOD, SIDNEY S |
| STREET ADDRESS | 260 CRANDON BLVD. STE 26 |
| CITY-ST-ZIP | KEY BISCAVNE, FL |
| TITLE | VPD |
| NAME | CORDOBA, CECILIA |
| STREET ADDRESS | 260 CRANDON BLVD. STE 26 |
| CITY-ST-ZIP | KEY BISCAVNE, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

1100000427061
02/20/06-80069-008 158.75

DO NOT WRITE IN THIS SPACE

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: Maria C. Cordoba Good, VP/S 02/01/2006 (305) 361-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #