


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 220285 1. Entity Name PASADENA HOMES, INC.	
--	---

Principal Place of Business 1000 NORTH HIATUS ROAD SUITE #100 PEMBROKE PINES, FL 33084 US	Mailing Address 1000 NORTH HIATUS ROAD SUITE #100 PEMBROKE PINES, FL 33084 US
--	--



DO NOT WRITE IN THIS SPACE

04112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0866734	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---

6. Name and Address of Current Registered Agent BERGER, ADOLPH J. 1000 N HIATUS ROAD PEMBROKE PINES, FL 33026
--

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, 2005 Fee will be \$550.00**

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

UN0000346935
04/30/05-80095-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MILLER, LEONARD 23 INDIAN CREEK DRIVE MIAMI, FL 33154,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERGER, HELENE (ASST) 3 GROVE ISLAND DR.#801 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERGER, ADOLPH J 3 GROVE ISLAND DR.#801 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Leonard Miller 4/26/05 954-431-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LEONARD MILLER, VICE-PRESIDENT