


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2004 08:00 AM
Secretary of State

DOCUMENT # 311219	
1. Entity Name SEBRING LAND AND SALES CORPORATION	

Principal Place of Business P.O. BOX 20868 RIO PIEDRAS, PUERTO RICO, 00928 PR	Mailing Address P.O. BOX 20868 RIO PIEDRAS, PUERTO RICO, 00928 PR
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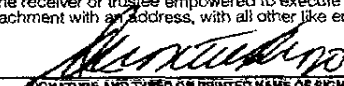
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LIVINGSTON, JAMES L 445 SOUTH COMMERCE AVENUE SEBRING, FL 33870

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)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MONTILLA-ROJO, CECI ROAD 19, INTERSECTION 2 PUEBLO VIEJO, GUAYNABO, 00966
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TORRES - CARMEN METRO OFFICE PARK #303 TEXACO PLAZA, GU 00968
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROJO-PRENDES, BEATRIZ 7346 SW 57TH AVE SOUTH MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROJO, RAFAEL ROAD 19, INTERSECTION 2 PUEBLO VIEJO, GUAYNABO, 00966
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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: 	7/9/04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>