


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 311219

1. Entity Name
SEBRING LAND AND SALES CORPORATION



Principal Place of Business Mailing Address
P.O. BOX 20868 **P.O. BOX 20868**
RIO PIEDRAS, PUERTO RICO, 00928 PR **RIO PIEDRAS, PUERTO RICO, 00928 PR**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



03142005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1237192 Not Applicable

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

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

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MONTILLA-ROJO, CECI	
STREET ADDRESS	ROAD 19, INTERSECTION 2	
CITY-ST-ZIP	PUEBLO VIEJO, GUAYNABO, 00966	
TITLE	V	<input type="checkbox"/> Delete
NAME	TORRES - CARMEN	
STREET ADDRESS	METRO OFFICE PARK #303	
CITY-ST-ZIP	TEXACO PLAZA, GU 00968	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROJO-PRENDES, BEATRIZ	
STREET ADDRESS	7346 SW 57TH AVE	
CITY-ST-ZIP	SOUTH MIAMI, FL 33143	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROJO, RAFAEL	
STREET ADDRESS	ROAD 19, INTERSECTION 2	
CITY-ST-ZIP	PUEBLO VIEJO, GUAYNABO, 00966	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

00000315023
 04/19/05-80018-018 158.75

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 a power like empowered.

SIGNATURE: Beatriz Prendes 3-16-05 205-667-6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #