

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 348205**

1. Entity Name  
**SOUTHERN PENINSULAR LAND DEVELOPMENT, INC.**



Principal Place of Business  
**12060 N.W. SOUTH RIVER DRIVE  
MEDLEY, FL 33178 US**

Mailing Address  
**12060 N.W. SOUTH RIVER DRIVE  
MIAMI, FL 33178 US**



04292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1303234**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ACOSTA, ALEJANDRO  
12060 N.W. S. RIVER DRIVE  
MEDLEY, FL 33178**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(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

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	ACOSTA, ALEJANDRO
STREET ADDRESS	12060 NW S RIVER DRIVE
CITY-ST-ZIP	MEDLEY, FL 33178
TITLE	PD
NAME	ELORTEGUI, MARTA
STREET ADDRESS	12060 NW S RIVER DR
CITY-ST-ZIP	MEDLEY, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000364500  
05/06/05-80045-013 150.00

U00000364500  
05/06/05-80045-014 400.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Prond.*

*4/28/05*

*(305) 888-1717*