

2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 21, 2005
Secretary of State**

DOCUMENT# 505471

Entity Name: EPIC COMMUNITIES, INC.

Current Principal Place of Business:

9260 SW 85TH ST
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

9260 SW 85TH ST
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 59-1676764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEMET, BARRY
201 ALHAMBRA CIRCLE, 8TH FLR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DIMERCUEIO, CHRISTOPHER J
Address: 9260 SW 85TH STREET
City-St-Zip: MIAMI, FL 33173

Title: S () Delete
Name: DIMERCURIO, SEAN N
Address: 9260 SW 85TH ST
City-St-Zip: MIAMI, FL 33173

Title: T () Delete
Name: CHAN, FLORENCE
Address: 9260 SW 85TH STREET
City-St-Zip: MIAMI, FL 33173

Title: VP () Delete
Name: LOPEZ, JOANNE
Address: 9260 SW 85TH STREET
City-St-Zip: MIAMI, FL 33173

Title: VP () Delete
Name: DIMERCURIO, ALBERT A
Address: 9260 SW 85TH STREET
City-St-Zip: MIAMI, FL 33172

Title: VP () Delete
Name: DIMERCURIO, ANTHONY J
Address: 9260 SW 85TH ST
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE LOPEZ

VP

04/21/2005

Electronic Signature of Signing Officer or Director

_____ Date