## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F02000002109

Address:

City-St-Zip:

UNIVERSITY PARK, MD 20782

Entity Name: LOS REMEDIOS DEVELOPMENT CORPORATION

FILED Feb 11, 2005 Secretary of State

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Current Principal Place of Business:			New Principa	New Principal Place of Business:		
451 CALLE ESPADA,	E PEDRO SAN JUAN, PR	2 00918				
Current M	lailing Addres	s:	New Mailing	New Mailing Address:		
9201 NW 23RD PLACE GAINESVILLE, FL 32606				1013 SW 126TH STREET NEWBERRY, FL 32669		
FEI Number	: 66-0501643	FEI Number Applied For()	FEI Number Not Applicat	ble ( ) Certificate of Status Desired ( )		
Name and	l Address of C	urrent Registered Agent:	Name and Ad	ddress of New Registered Agent:		
CROSBY, CAROLINE A 9201 NW 23RD PLACE GAINESVILLE, FL 32606 US			1013 SW 126	CROSBY, CAROLINE A 1013 SW 126TH STREET NEWBERRY, FL 32669 US		
	named entity s e of Florida.	submits this statement for the	purpose of changing its r	registered office or registered agent, or both,		
SIGNATURE: CAROLINE A. CROSBY				02/11/2005		
	Electron	ic Signature of Registered Ag	ent	Date		
Election Car	mpaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/0	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	C () RAMIREZ, ENR 2701 UNICORN WASHINGTON,	LANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VC () RAMIREZ, ENR 451 PEDRO ES HATO REY, PR	PADA ST.	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	P () CROSBY, CARO 9201 NW 23RD GAINESVILLE,	PLACE	Address: 10	(X) Change ( ) Addition ROSBY, CAROLINE A D13 SW 126TH STREET EWBERRY, FL 32669		
Title: Name: Address:	S () RIOS, CARMEN 6511 40TH AVE			(X) Change ()Addition IOS, CARMEN I 801 CORTEZ STREET		

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.

City-St-Zip:

CORAL CABLES, FL 33134

SIGNATURE: OFFICER/CAROLINE A CROSBY **PRES** 02/11/2005