

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F78311

1. Entity Name
LANDSTAR HOMES, INC.



Principal Place of Business
550 BILTMORE WAY 1110
CORAL GABLES, FL 33134 US

Mailing Address
550 BILTMORE WAY 1110
CORAL GABLES, FL 33134 US



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2188904 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHECHTER, ROSA ECKSTEIN
550 BILTMORE WAY STE 1120
CORAL GABLES, FL 33134

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STERN, RODOLFO 550 BILTMORE WAY #1110 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HORWITZ, ROBERTO (EX) 550 BILTMORE WAY #1110 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SERVIANSKY, DAVID (EX) 550 BILTMORE WAY #1110 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECKSTEIN, BERNARD 550 BILTMORE WAY #1110 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STERN, EDUARDO (EX) 550 BILTMORE WAY, #1110 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORRISEY, WILLIAM 120 FAIRWAY WOODS BLVD ORLANDO, FL 328249026

U000000119111
04/19/04-80086-014 150.00

**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:

Rodolfo Stern **4-15-04** (305) 461-3190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #