

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 8:00 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**



03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2188904

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSA ECKSTEIN SCHECHTER, ESQ.
550 BILTMORE WAY
SUITE 1110
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, 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 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

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05/06/05--01007--024 **150.00

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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)(i), 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

4/15/05

(305) 461-2440

SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #