2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G45405

1. Entity Name

URBAN COMMUNITY DEVELOPERS, INCORPORATED



Principal Place of Business

550 BILTMORE WAY

SUITE 1110

CORAL GABLES, FL 33134

Mailing Address

550 BILTMORE WAY

#1110

CORAL GABLES, FL 33134

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



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (10/03) 02112004

4. FEI Number 59-2296354

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ECKSTEIN SCHECHTER, ROSA 550 BILTMORE WAY STE 1110 CORAL GABLES, FL 33134

DO NOT WRITE

	·			IIN	I HIS SPACE	
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familian	with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ny 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	eing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECKSTEIN, BERNARD 550 BILTMORE WAY, #1110 CORAL GABLES, FL				U00000119105 U4/19/04-80086-012	ፋሮስ ለሽግነሳ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STERN, RODOLFO 550 BILTMORE WAY, #1110 CORAL GABLES, FL			<u>-</u>		120.400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HORWITZ, ROBERTO (EX) 550 BILTMORE WAY #1110 CORAL GABLES, FL			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SERVIANSKY, DAVID (EX) 550 BILTMORE WAY #1110 CORAL GABLES, FL					
MILE	VD STERN EDUARDO (EX)			·		-

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 accorate 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 capture is a required by charged, or on an attachment with an address, with all of the corporation of the corporation or on an attachment with an address, with all of the corporation of the corporation of the corporation of the corporation of the receiver or trustee empowered to execute this capture is a constant.

SIGNATURE: _

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

550 BILTMORE WAY #1110

CORAL GABLES, FL

NG OFFICER ON DIRECTOR SIGNATURE AND TYPED OF PHINTE

4-15-06

Davisne Phone #

Rodolfo Stern

(305) 461-3190