


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

DOCUMENT # G45405	
1. Entity Name URBAN COMMUNITY DEVELOPERS, INCORPORATED	

Principal Place of Business 550 BILTMORE WAY SUITE 1110 CORAL GABLES, FL 33134 US	Mailing Address 550 BILTMORE WAY #1110 CORAL GABLES, FL 33134 US
---	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--

03152005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2296354	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$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
--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
--	------

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ECKSTEIN, BERNARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>550 BILTMORE WAY, #1110</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	ECKSTEIN, BERNARD		STREET ADDRESS	550 BILTMORE WAY, #1110		CITY-ST-ZIP	CORAL GABLES, FL		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>500053932075</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>05/06/05--01005--020 **150.00</td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	500053932075		CITY-ST-ZIP	05/06/05--01005--020 **150.00	
TITLE	D	<input type="checkbox"/> Delete																							
NAME	ECKSTEIN, BERNARD																								
STREET ADDRESS	550 BILTMORE WAY, #1110																								
CITY-ST-ZIP	CORAL GABLES, FL																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS	500053932075																								
CITY-ST-ZIP	05/06/05--01005--020 **150.00																								
<table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STERN, RODOLFO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>550 BILTMORE WAY, #1110</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL</td> <td></td> </tr> </table>	TITLE	PD	<input type="checkbox"/> Delete	NAME	STERN, RODOLFO		STREET ADDRESS	550 BILTMORE WAY, #1110		CITY-ST-ZIP	CORAL GABLES, FL		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete																							
NAME	STERN, RODOLFO																								
STREET ADDRESS	550 BILTMORE WAY, #1110																								
CITY-ST-ZIP	CORAL GABLES, FL																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>VSD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HORWITZ, ROBERTO (EX)</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>550 BILTMORE WAY #1110</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL</td> <td></td> </tr> </table>	TITLE	VSD	<input type="checkbox"/> Delete	NAME	HORWITZ, ROBERTO (EX)		STREET ADDRESS	550 BILTMORE WAY #1110		CITY-ST-ZIP	CORAL GABLES, FL		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete																							
NAME	HORWITZ, ROBERTO (EX)																								
STREET ADDRESS	550 BILTMORE WAY #1110																								
CITY-ST-ZIP	CORAL GABLES, FL																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>VTD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SERVIANSKY, DAVID (EX)</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>550 BILTMORE WAY #1110</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL</td> <td></td> </tr> </table>	TITLE	VTD	<input type="checkbox"/> Delete	NAME	SERVIANSKY, DAVID (EX)		STREET ADDRESS	550 BILTMORE WAY #1110		CITY-ST-ZIP	CORAL GABLES, FL		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete																							
NAME	SERVIANSKY, DAVID (EX)																								
STREET ADDRESS	550 BILTMORE WAY #1110																								
CITY-ST-ZIP	CORAL GABLES, FL																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>VD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STERN, EDUARDO (EX)</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>550 BILTMORE WAY #1110</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL</td> <td></td> </tr> </table>	TITLE	VD	<input type="checkbox"/> Delete	NAME	STERN, EDUARDO (EX)		STREET ADDRESS	550 BILTMORE WAY #1110		CITY-ST-ZIP	CORAL GABLES, FL		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete																							
NAME	STERN, EDUARDO (EX)																								
STREET ADDRESS	550 BILTMORE WAY #1110																								
CITY-ST-ZIP	CORAL GABLES, FL																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									

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
<small>Typed Name of Signing Officer or Director</small>		<small>Date</small>	<small>Daytime Phone</small>