2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # K45516

LANDSTAR DEVELOPMENT CORPORATION



Principal Place of Business

550 BILTMORE WAY

1110

CORAL GABLES, FL 33134

Mailing Address

550 BILTMORE WAY

1110

CORAL GABLES, FL 33134 US



TALLAHASSEE, FLORIT.



03152005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0094460 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

BERNARD, ECKSTEIN

CORAL GABLES, FL

ORLANDO, FL 32824

550 BILTMORE WAY #1110

DO NOT WRITE

CORAL GABLES, FL 33134			IN THIS SPACE		
	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. 1 am familiar 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 NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC STERN, RODOLFO 550 BILTMORE WAY #1110 CORAL GABLES, FL			• <u>•</u> 057	9 00054004389 06/0501047024 **150.00
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			DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS	VD STERN, EDUARDO (EX) 550 BILTMORE WAY #1110				

900054004389 05/06/05--01047--025 ***8.75 MORRISEY, WILLIAM 120 FAIRWAY WOODS BLVD. STREET ADDRESS

12. I heraby cartify 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 provides a 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

Rodolfo Stern

SIGNATURE: _

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

TITLE

NAME

NAME

ING OFFICER OR DIRECTOR

(305) 461-2440

Daytime Phone

