FILED Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90250 046 ****70.00

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N15077 1. Entity Name HOUSING DEVELOPMENT CORPORATION							040501	n t i		
Principal Place of Business 8500 N.W. 25 AVE. MIAMI, FL 33147		Mailing Address 8500 N.W. 25 AVE. MIAMI, FL 33147					24058	ATT		
0 Driverie al Di	ton of Business	Lo Mayres Andrew								
2. Principal Place of Business		3. Mailing Address			8311 48 111 1 46 31 (1	E B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B	IAIH BHAIN BUUI			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262004 Cr	ng-NP	CR2E037	(10/03)			
City & State		City & State			4. FEI Number 65-020590	8			plied For t Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of Sta	atus Desired	22 / \$8	3.75 Add	itional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
FAIR, T. WILLARD				Name						
8500 N.W. MIAMI, FL				Street Address (P.O. Box Number is Not Acceptable)						
				Circ				7		
				City	FL Zip Code					
8. The above the obligat	named entity submits this statementions of registered agent.	t for the purpose of changing	its registere	ed office or regist	ered agent, or both, in	the State of F	Florida. I am fam	niliar with,	and accept	
SIGNATURE .			_			_				
	Signature, typed or printed name of registered ag	gent and title if applicable. (N	OTE: Registered	d Agent signature requir	ed when reinstating)		DATE			
	Filling Fee Is \$61.25 Due by May 1, 2004	9. Election C		inancing	\$5.00 May Be Added to Fees		Make check porida Departm	-		
10.	Filing Fee Is \$61.25 Due by May 1, 2004 OFFICERS AND	9. Election C Trust Fund DIRECTORS	ampaign Fi	nancing	\$5.00 May Be	Fle	Make check p orida Departm	ent of St	ate	
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I hereby certify that the information supplied with this fill indicated on this repol to draupplemental report is true a fit the corporation or the receiver or trustee empty eres changed, or on an attachment with an add t quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter \$17, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: