2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P00000019883

FLORIDA HOME DEVELOPERS, INC.



FILED Mar 31, 2006 8:00 am Secretary of State 03-31-2006 90013 043 ***150.00

			1	TEN .				
9010 SOUTHWEST 137 AVENUE SUITE 210		Meiling Address 9010 SOUTHWEST 137 AVENUE SUITE 210 MIAMI, FL 33186			A THE SECOND SEC	7101 KBO 11171 15171		F&FF
9741 SW 148 ST		3. Mailing Address 9741 SW 148 ST						
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		03272006	03272006 Chg-P CR2E034 (11/05)			
City & Sta	11) +L	MIOMI f	4. FEI Numi 65-09:				plied Fo	
3317	G Country	33176	Country	5. Certificat	e of Status Desired	□ \$8.75 Fee Re		
	6. Name and Address of Current R	egistered Agent		7. Name an	d Address of New Rec	gistered Agent		
HERNANI	DEZ-SUAREZ, JEANETTE ESQ		Name					
10651 NORTH KENDALL DRIVE SUITE 205				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL	. 33186							
			City			FL Zig	Code	3
	e named entity submits this statement for tions of registered agent,	he purpose of changing its reg	istered office or	r registered agent, or b	oth, in the State of Florid	da. I am tamiliar	with,	and acc
SIGNATURE	Signature, typed or printed name of registered agent an	title (applicable. (NOTE: Re	gistered Agent signat	ure required when reinstating)		DATE		
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees				
10.	OFFICERS AND D	RECTORS	11.	ADDITIONS	CHANGES TO OFFIC	ERS AND DIREC	CTORS	IN 11
TITLE NAME	DPST CERTAIN, MAURICIO	☐ Delete	TITLE NAME			Ch	ange	☐ Ad
STREET ADDRESS	9010 SW 137 AVE SUITE 210		STREET ADDRESS	9741 SW	14BST			
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	miami	FL 3317	· ·		
TITLE NAME	ST CERTAIN, ERIC	☐ Delete	TITLE NAME			Ch	ange	☐ Adi
STREET ADDRESS	9010 SW 137 AVE, SUITE 210		STREET ADDRESS	9741 50	U 148 ST			
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	miamii	U 14BST FL 33176	•		
TITLE NAME		☐ Delete	TITLE NAME			☐ Ch	ange	□ Ad
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		······································			
TITLE NAME		☐ Delete	TITLE NAME			☐ Ch	ange	☐ Ad
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Ch	ange	☐ Ad
NAME STREET ADDRESS		;	NAME STREET ADDRESS					
CNY-ST-ZIP			CITY-ST-ZIP					
πιε		☐ Delete	πιε			☐ Ch	ange	☐ Ad
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informati indicated on this report or supplierpential 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

3-27-06

(305) 250-0343