2004 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Narr	MENT # P000000221 DEVELOPMENT GROUP, INC.		FILED 04 OCT -4 AM 10: 45				
Principal Place of Business 2450 S.W. 137TH AVENUE 2450 S.W. 137TH AVENUE SUITE 217 MIAMI, FL 33175 MIAMI, FL 33175						-4 AFT 10: 45	
C	OO NOT WRITE	IN THIS SPA	CE	09302004 4. FEI Numbe 65-099		CR2E034 (10/03) Applied F Not Applie	
_	6. Name and Address of Current Ra	gistered Agent	· delican de la companya de la compa		of Status Desired	□ \$8.75 Additional Fee Required	
HERNANDEZ, PEDRO A 2450 S.W.;137TH AVENUE SUITE 217 MIAMI, FL 33175					NOT W THIS SP		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE:							
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Finant Trust Fund Contribution.				\$5.00 May Be In accordance with s. 0		of the s. 607.193(2)(b), F.S., the state of the prior notice.	he
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI D HERNANDEZ, PEDRO A 2450 S.W. 137TH AVENUE MIAMI, FL 33175	RECTORS		9	1 00041 18/040102	638549 6~-001 **150.00	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE							
NAME STREET ADDRESS CITY-ST-ZIP TITLE			حد فينث حد -		NOT W		* * *
NAME STREET ADDRESS CITY-ST-ZIP TITLE	,		A	IIN	THIS SP	ACE	
NAME Street Address City-St-Zip							
NAME STREET ADDRESS CITY-ST-ZIP	could that the information currelled with the	is filling done not qualify for the qua	propries protest in Co	ection 110 07/21/	(i) Elevista Ctabutea	Course for the area of further certify that the informati	ion
12. I hereby certify that the information supplied with this filling 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 of 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: SI							
		TED NAME OF SIGNING OFFICER OR DIREC		·	7	Daytime Phone #	