


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P00000051955 1. Entity Name DEVELOPERS OF SOUTHERN FLORIDA, INC. |  |
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| Principal Place of Business 8906 N W 194TH TERRACE MIAMI, FL 33018 | Mailing Address 8906 N W 194TH TERRACE MIAMI, FL 33018 |
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-1013079 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 8. Name and Address of Current Registered Agent ARMADA, JOSE 8906 N W 194TH TERRACE MIAMI, FL 33018 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ARMADA, JOSE 8906 N W 194TH TERRACE MIAMI, FL 33018 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP ARMADA, JOSE JR 19231 NW 88TH COURT HIALEAH, FL 33015 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST ALVAREZ, ANNETTE 19131 NW 88TH COURT HIALEAH, FL 33015 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/05/04-80040-023 150.00

DO NOT WRITE
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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:  **4-2-04** **305-829-8331**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #