


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000051955	
1. Entity Name DEVELOPERS OF SOUTHERN FLORIDA, INC.	

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



01122005 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent

ARMADA, JOSE
8906 N W 194TH TERRACE
MIAMI, FL 33018

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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 X *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 3-28-05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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

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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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: X *[Signature]* President Date 3-28-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #