


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 8:00 am
Secretary of State

| | |
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| DOCUMENT # P0000074481 1. Entity Name LANDSTAR SOUTH DADE VENTURES, INC. |  |
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|---|---|
| Principal Place of Business 550 BILTMORE WAY #1110 CORAL GABLES, FL 33134 | Mailing Address 550 BILTMORE WAY #1110 CORAL GABLES, FL 33134 |
|---|---|

DO NOT WRITE IN THIS SPACE

03152005 No Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 65-1145479 | 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

**ROSA ECKSTEIN SCHECHTER, ESQ.
550 BILTMORE WAY
SUITE 1110
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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, 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

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P STERN, RODOLFO 550 BILTMORE WAY 1110 CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP STERN, EDUARDO 550 BILTMORE WAY 1110 CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SERVIANSKY, DAVID 550 BILTMORE WAY 1110 CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HORWITZ, ROBERTO 550 BILTMORE WAY 1110 CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ECKSTEIN, BERNARD 550 BILTMORE WAY 1110 CORAL GABLES, FL 33134 |
| 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: _____ **Rodolfo Stern** **4/15/05** **(305) 461-2440**

SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #