

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90076 005 \*\*\*150.00

**DOCUMENT # P00000074481**

1. Entity Name

LANDSTAR SOUTH DADE VENTURES, INC.



Principal Place of Business

550 BILTMORE WAY #1110  
CORAL GABLES, FL 33134

Mailing Address

550 BILTMORE WAY #1110  
CORAL GABLES, FL 33134

**40088296**



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-1145479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SHCECHTER, ROSA ECKSTEIN  
550 BILTMORE WAY, #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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	STERN, RODOLFO
STREET ADDRESS	550 BILTMORE WAY 1110
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VP
NAME	STERN, EDUARDO
STREET ADDRESS	550 BILTMORE WAY 1110
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VP
NAME	SERVIANSKY, DAVID
STREET ADDRESS	550 BILTMORE WAY 1110
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VP
NAME	HORWITZ, ROBERTO
STREET ADDRESS	550 BILTMORE WAY 1110
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	ECKSTEIN, BERNARD
STREET ADDRESS	550 BILTMORE WAY 1110
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Rodolfo Stern* 4-22-08

Date

(305) 461-2440

Daytime Phone #