


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000076425		
1. Entity Name COMMUNITY DEVELOPERS OF SOUTH FLORIDA, INC.		

Principal Place of Business 1304 SW 160 AVE 224-A SUNRISE FL 33326	Mailing Address 1304 SW 160 AVE 224-A SUNRISE FL 33326
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 65-1040299		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 GOLDSTEIN, PAUL E 6900 TAFT STREET HOLLYWOOD FL 33024		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDSTEIN, PAUL E			NAME			
STREET ADDRESS	1304 SW 160 AVE			STREET ADDRESS			
CITY- ST- ZIP	SUNRISE FL 33326			CITY- ST- ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUERRIERI, DANIEL			NAME			
STREET ADDRESS	1304 SW 160 AVE			STREET ADDRESS			
CITY- ST- ZIP	SUNRISE FL 33326			CITY- ST- ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUERRIERI, FRANK			NAME			
STREET ADDRESS	1304 SW 160 AVE			STREET ADDRESS			
CITY- ST- ZIP	SUNRISE FL 33326			CITY- ST- ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIRAVO, ANTHONY			NAME			
STREET ADDRESS	1304 SW 160 AVE			STREET ADDRESS			
CITY- ST- ZIP	SUNRISE FL 33326			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 2/1/05 754-581-1800
Date Daytime Phone #