


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 08, 2007 08:00 AM
Secretary of State**

DOCUMENT # P0000076425 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
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt #, etc.	
City & State	City & State	
Zip	Country	Zip Country



1st MOORE CR2E034 (10/06)

4. FEI Number 65-1040299	Applied For <input type="checkbox"/> 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 _____
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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: Paul E. Goldstein Pres. Paul E. Goldstein DATE: 2/6/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when remaining) DATE

FILE NOW!!! FEE (\$150.00)
 After May 1, 2007 Fee Will Be \$550.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D GOLDSTEIN, PAUL E	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1304 SW 160 AVE	NAME	(100000628252)
STREET ADDRESS	SUNRISE FL 33326	STREET ADDRESS	02/16/07-80007-017 150.00
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D GUERRIERI, DANIEL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1304 SW 160 AVE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SUNRISE FL 33326	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D SIRAVO, ANTHONY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1304 SW 160 AVE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SUNRISE FL 33326	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Paul E. Goldstein Pres. Paul E. Goldstein DATE: 2/6/07 754-581-1800

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