


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000076425

1. Entity Name
COMMUNITY DEVELOPERS OF SOUTH FLORIDA, INC.



Principal Place of Business Mailing Address

1304 SW 160 AVE 1304 SW 160 AVE
 224-A 224-A
 SUNRISE FL 33326 SUNRISE FL 33326



1st MOORE CR2E034 (10/07)

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

4. FEI Number Applied For

65-1040299 Not Applicable

5. Certificate of Status Desired \$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 *Paul Goldstein* *Paul Goldstein* *2-26-08*

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when resigning. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, PAUL E	
STREET ADDRESS	1304 SW 160 AVE	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUERRIERI, DANIEL	
STREET ADDRESS	1304 SW 160 AVE	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUERRIERI, FRANK	
STREET ADDRESS	1304 SW 160 AVE	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIRAVO, ANTHONY	
STREET ADDRESS	1304 SW 160 AVE	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 info empowered.

SIGNATURE: *Paul E Goldstein* *2-26-08* *754-581-1800*

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