


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000080029</b> 1. Entity Name <b>LEGACY CUSTOM HOMES, INC.</b>	
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Principal Place of Business <b>9657 SW 124 ST MIAMI, FL 33176</b>	Mailing Address <b>9657 SW 124 ST MIAMI, FL 33176</b>
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04132004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1035274</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BOLANOS, JOSE A 2121 PONCE DE LEON BLVD SUITE 600 CORAL GABLES, FL 33134</b>
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000116376 04/16/04-80062-006 158.75</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST SOTOLONGO, ARMADO O 9657 SW 124 ST MIAMI, FL 33176</b>
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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:** \_\_\_\_\_ **4/13/04**  
SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #