
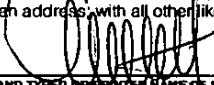


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90002 035 \*\*\*158.75

<b>DOCUMENT # P00000080029</b> 1. Entity Name <b>LEGACY CUSTOM HOMES, INC.</b>					
Principal Place of Business <b>9657 SW 124 ST MIAMI, FL 33176</b>			Mailing Address <b>9657 SW 124 ST MIAMI, FL 33176</b>		
2. Principal Place of Business - <del>NO</del> P.O. Box # <b>7245 SW 87 Ave.</b>		3. Mailing Address <b>7245 SW 87 Ave.</b>			
Suite, Apt., etc. <b>Suite 100</b>		Suite, Apt., etc. <b>Suite 100</b>			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>			
Zip <b>33173</b>		Country <b>Flade</b>		Zip <b>33173</b>	
Country <b>Flade</b>		4. FEI Number <b>65-1035274</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BOLANOS, JOSE A 2121 PONCE DE LEON BLVD SUITE 600 CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name <b>ARMANDO O. SOTOLONGO</b> Street Address (P.O. Box Number is Not Acceptable) <b>7245 SW 87 Ave</b> Suite <b>100</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33173</b>		
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. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SOTOLONGO, ARMADO O 9657 SW 124 ST MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ARMANDO O. SOTOLONGO 7245 SW 87 Ave. Miami, FL 33173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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.					
<b>SIGNATURE:</b>  <b>ARMANDO SOTOLONGO</b> <b>2/27/07</b> <b>(305) 630-3723</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					