


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000080157</b> 1. Entity Name RESIDENTIAL BUILDERS OF MIAMI, INC.	
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Principal Place of Business 8906 NW 194 TERRACE HIALEAH, FL 33015	Mailing Address 8906 NW 194 TERRACE HIALEAH, FL 33015
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<b>DO NOT WRITE IN THIS SPACE</b>
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01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1038209	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  ALVAREZ, ANNETTE A 8906 NW 194 TERRACE HIALEAH, FL 33015
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<b>DO NOT WRITE IN THIS SPACE</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 *[Signature]* DATE 3-28-05  
(Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALVAREZ, ANNETTE A 8906 NW 194 TERRACE HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ARMADA, JOSE JR 19231 NW 88TH COURT HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ARMADA, JOSE SR. 8906 NW. 194 TERR. HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARMADA, HERNANDEZ 8906 NW 194 TERR. HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000280424 03/30/05-80017-013 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: *[Signature]* President 3-28-05  
(Signature and typed or printed name of signing officer or director Date Daytime Phone #)