

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90029 024 ***150.00

DOCUMENT # P02000014897

1. Entity Name
LANDSTAR VENTURES MANAGEMENT, INC.



Principal Place of Business

**550 BILTMORE WAY
SUITE 1110
CORAL GABLES, FL 33134**

Mailing Address

**550 BILTMORE WAY
SUITE 1110
CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0545765

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHECHTER, ROSA ECKSTEIN
550 BILTMORE WAY
SUITE 1110
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **~~STEAN, RODOLFO~~ Stern, Rodolfo**
STREET ADDRESS **550 BILTMORE WAY #1110**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **VT**
NAME **~~STEIN, EDUARDO~~ Stern, Eduardo**
STREET ADDRESS **550 BILTMORE WAY #1110**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **VP**
NAME **SERVIANSKY, DAVID**
STREET ADDRESS **550 BILTMORE WAY #1110**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **VS**
NAME **HORWITZ, ROBERTO**
STREET ADDRESS **550 BILTMORE WAY #1110**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D**
NAME **ECKSTEIN, BERNARD**
STREET ADDRESS **550 BILTMORE WAY #1110**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Rodolfo Stern

4-15-04 (305) 461-3190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #