

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 8:00 am
Secretary of State

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



03152005 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

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

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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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	STERN, RODOLFO
STREET ADDRESS	550 BILTMORE WAY #1110
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VT
NAME	TERN, 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	

400053933074
05/06/05--01007--021 **150.00

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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

4/15/05

(305) 461-2440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #