
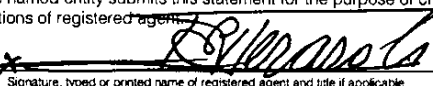



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90080 008 ***150.00

DOCUMENT # P02000033835 1. Entity Name "S" DEVELOPMENT CORP.					
Principal Place of Business 1756 N BAYSHORE DRIVE APT. 21 B MIAMI, FL 33132			Mailing Address 1756 N BAYSHORE DRIVE APT. 21 B MIAMI, FL 33132		
2. Principal Place of Business - No P.O. Box # 325 S. BISCAYNE BLVD. Suite, Apt. #, etc. APT # 1721 City & State MIAMI, FL Zip 33131		3. Mailing Address 325 S. BISCAYNE BLVD. Suite, Apt. #, etc. APT # 1721 City & State MIAMI, FL Zip 33131		02272007 Chg-P CR2E034 (12/06)	
Country USA		Country USA		4. FEI Number 41-2045472 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 SERAROLS, JOSE E 1756 N BAYSHORE DRIVE APT. 21 B MIAMI, FL 33132	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 325 S. BISCAYNE BLVD. APT # 1721 City MIAMI				FL Zip Code 33131	
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:  DATE: 2/27/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SERAROLS, JOSE E 1756 N BAYSHORE DRIVE, APT. 21-B MIAMI, FL 33132		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 325 S. BISCAYNE BLVD. APT#1721 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SERAROLS, CRISTINA 1756 N BAYSHORE DRIVE APT. 21-B MIAMI, FL 33132		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 325 S. BISCAYNE BLVD. APT#1721 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERAROLS, ERNESTO 1756 N BAYSHORE DRIVE APT. 21 B MIAMI, FL 33132		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 325 S. BISCAYNE BLVD. APT#1721 MIAMI, FL 33131	
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.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> JOSE E. SERAROLS PRESIDENT			Date: 2/27/07 Daytime Phone #: 786-486-0809		

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