


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90017 014 ***150.00

DOCUMENT # P02000051986			
1. Entity Name 27TH AVENUE LAND, INC.			
Principal Place of Business 17751 NW 27 AVENUE MIAMI, FL 33056		Mailing Address 17751 NW 27 AVENUE MIAMI, FL 33056	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		03072005 Chg-P CR2E034 (10/03)	
		4. FEI Number 01-0713067	
		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		7. Name and Address of New Registered Agent	
CATA, JOSE 17751 NW 27 AVENUE MIAMI, FL 33056		Name <u>PABLO E. SUAREZ</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>4530 NW 7 AVE</u>	
		City <u>MIAMI, FL</u>	
		Zip Code <u>33127</u>	
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 <u>Pablo Suarez</u>		DATE <u>3/8/05</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATA, JOSE	NAME	
STREET ADDRESS	17751 NW 27 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33056	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIL, TOMAS	NAME	
STREET ADDRESS	17751 NW 27 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33056	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, PABLO E	NAME	
STREET ADDRESS	17751 NW 27 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33056	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, TONY	NAME	
STREET ADDRESS	17751 NW 27 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33056	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Pablo Suarez</u>		DATE: <u>3/8/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	