


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90003 009 ***150.00

DOCUMENT # P02000064630 1. Entity Name INFILL DEVELOPMENT GROUP, INC.			
Principal Place of Business 15495 EAGLE NEST LANE SUITE 235 MIAMI LAKES, FL 33014		Mailing Address 15495 EAGLE NEST LANE SUITE 235 MIAMI LAKES, FL 33014	
2. Principal Place of Business - No P.O. Box # 6500 COWPEN ROAD Suite, Apt. #, etc. SUITE #102 City & State MIAMI LAKES, FLORIDA Zip 33014 Country USA		3. Mailing Address 6500 COWPEN ROAD Suite, Apt. #, etc. SUITE #102 City & State MIAMI LAKES, FLORIDA Zip 33014 Country USA	
4. FEI Number 04-3680807		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01042007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent REYNALDO, DIAZ 4960 S.W. 72ND AVENUE SUITE 400 MIAMI, FL 33155		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6500 COWPEN ROAD SUITE #102 City MIAMI LAKES FL Zip Code 33014	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	PD <input type="checkbox"/> Delete DIAZ, REYNALDO 4960 S.W. 72ND AVENUE SUITE 400 MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6500 COWPEN ROAD, SUITE #102 MIAMI LAKES, FLORIDA 33014
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
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: <u>REYNALDO DIAZ</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/19/07 305 698-7100 <small>Date Daytime Phone #</small>	

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