2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004
Secretary of State

DOCUMENT# P02000066195

Entity Name: FOREST COVE HOMES, INC.

Current Principal Place of Business:

4131 LAGUNA STREET
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

4131 LAGUNA STREET
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 03-0468512 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIAZ, RENE
C/O VILA & PADRON, P.A.
2100 SALZEDO STREET, SUITE 300
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CARABALLO, LEONARDO J
100 SE SECOND STREET
SUITE 2900
MIAMI, FL 33131 US

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.

SIGNATURE: LEONARDO J. CARABALLO 09/02/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TRAPAGA CATALA, ROBERTO A
Address: 4131 LAGUNA STREET
City-St-Zip: CORAL GABLES, FL 33146

Title: VD ( ) Delete
Name: TRAPAGA, MARGARITA S
Address: 4131 LAGUNA STREET
City-St-Zip: CORAL GABLES, FL 33146

Title: VTD ( ) Delete
Name: CABRER, AGUSTIN
Address: 4131 LAGUNA STREET
City-St-Zip: CORAL GABLES, FL 33146

Title: VD ( ) Delete
Name: CABRER, NATALIE M
Address: 4131 LAGUNA STREET
City-St-Zip: CORAL GABLES, FL 33146

Title: V ( ) Delete
Name: MARTINEZ, ROBERTO M
Address: 4131 LAGUNA STREET
City-St-Zip: CORAL GABLES, FL 33146

Title: S ( ) Delete
Name: POSE, MANUEL V
Address: 4131 LAGUNA STREET
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL V. POSE S 09/02/2004
Electronic Signature of Signing Officer or Director Date