2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90124 040 ***150.00

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1. Entity Name
STONEBROOK DEVELOPERS, INC

400817ЗЗ

Principal Place of Business	Mailing Address
3000 SW 3RD AVENUE 708 MIAMI, FL 33129	3000 SW 3RD AVENUE 708 MIAMI, FL 33129

03102008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
808 Brickell Key Drive		808 Brickell Key Drive	
Suite, Apt. #, etc.: 2804		Suite, Apt. #, etc.: 2804	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33131	Country: USA	Zip: 33131	Country: USA

4. FEI Number: 54-2068684 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DORTA, HUGO E
3000 SW 3RD AVENUE
708
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name: Hugo E. Dorta
Street Address (P.O. Box Number is Not Acceptable): 808 Brickell Key Drive
Suite 2804
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 ____________________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	~~MGRM~~ D P ☐ Delete	TITLE	~~MGRM~~ President ☒ Change ☐ Addition
NAME	DORTA, HUGO E	NAME	Hugo E. Dorta
STREET ADDRESS	3000 SW 3RD AVENUE, #708	STREET ADDRESS	808 Brickell Key Drive, Suite 2804
CITY-ST-ZIP	MIAMI, FL 33129	CITY-ST-ZIP	~~Miami, FL 33131~~
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 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: ____________________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #