

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000103301

FILED  
Jul 22, 2008  
Secretary of State

Entity Name: COUNTY HOMES DEVELOPMENT CORP.

## Current Principal Place of Business:

11430 N KENDALL DRIVE  
SUITE 300  
MIAMI, FL 33176

## New Principal Place of Business:

10150 SW 124TH AVENUE  
MIAMI, FL 33186

## Current Mailing Address:

11430 N KENDALL DRIVE  
SUITE 300  
MIAMI, FL 33176

## New Mailing Address:

10150 SW 124TH AVENUE  
MIAMI, FL 33186

FEI Number: 56-2295932

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHOMAT, HECTOR  
11430 N KENDALL DRIVE  
SUITE 300  
MIAMI, FL 33176 US

## Name and Address of New Registered Agent:

CHOMAT, HECTOR  
10150 SW 124TH AVENUE  
MIAMI, FL 33186 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:

07/22/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPSD ( ) Delete  
Name: PEREZ-ABREU, CESAR  
Address: 820 OBISPO AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: PTD ( ) Delete  
Name: CHOMAT, HECTOR  
Address: 11430 N KENDALL DRIVE, SUITE 300  
City-St-Zip: MIAMI, FL 33176

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: HECTOR CHOMAT

PTD

07/22/2008

Electronic Signature of Signing Officer or Director

Date