

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP -6 AM 11:39

DOCUMENT # P03000016918

1. Entity Name  
BAHIA HONDA REAL ESTATE INVESTMENTS V, INC.



Principal Place of Business  
~~2450 SW 137TH AVE., SUITE 228~~  
~~MIAMI, FL 33175~~

Mailing Address  
~~2450 SW 137TH AVE., SUITE 221~~  
~~MIAMI, FL 33175~~

2. Principal Place of Business  
4000 Ponce de Leon Blvd.  
Suite, Apt. #, etc.  
Suite 770

3. Mailing Address  
4000 Ponce de Leon Blvd.  
Suite, Apt. #, etc.  
Suite 770

City & State  
Coral Gables, FL  
Zip  
33146  
Country  
USA

City & State  
Coral Gables, FL  
Zip  
33146  
Country  
USA

06292005 Chg-P CR2E034 (10/03)

4. FEI Number  
41-2079488

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

~~A&A REGISTERED AGENT, INC.~~  
~~2450 SW 137TH AVE., SUITE 221~~  
~~MIAMI, FL 33175~~

7. Name and Address of New Registered Agent

Name  
A.M. Rojas, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
1985 NW 80 COWA  
Suite 201  
City  
Miami FL Zip Code  
33172

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**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D  
ADRIAN, PEDRO J  
STREET ADDRESS  
CITY-ST-ZIP  
~~2450 SW 137TH AVE., SUITE 228~~  
~~MIAMI, FL 33175~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
4000 Ponce de Leon Blvd. # 770  
Coral Gables, FL 33146

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
09/13/05--01010--005 \*\*150.00

TITLE  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #