

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P03000040489

1. Entity Name

EAGLE DEVELOPMENT AND BUILDING CORPORATION



**FILED  
Apr 26, 2004 8:00 am  
Secretary of State**

04-26-2004 91002 044 \*\*\*150.00

Principal Place of Business

539 E 14 ST  
HIALEAH FL 33010

Mailing Address

539 E 14 ST  
HIALEAH FL 33010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0778466

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ROHRBACH, LIDIA M  
539 E 14 ST  
HIALEAH FL 33010

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2004 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE: PT  Delete  
NAME: ROHRBACH, LIDIA M  
STREET ADDRESS: 539 E 14 ST  
CITY-ST-ZIP: HIALEAH FL 33010

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: VS  Delete  
NAME: ROHRBACH, JAMES H  
STREET ADDRESS: 539 E 14 ST  
CITY-ST-ZIP: HIALEAH FL 33010

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

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STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

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STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

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:** *James Rohrbach* JAMES ROHRBACH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04 305-803-5696

Date

Daytime Phone #