

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057986

FILED
May 18, 2005
Secretary of State

Entity Name: LUXE HOMES OF FLORIDA INC.

Current Principal Place of Business:

220 NW 87 AVE
K109
MIAMI, FL 33172 US

New Principal Place of Business:

533 GIRALDA AVENUE
CORAL GABLES, FL 33134 US

Current Mailing Address:

220 NW 87 AVE
K109
MIAMI, FL 33172 US

New Mailing Address:

533 GIRALDA AVENUE
CORAL GABLES, FL 33134 US

FEI Number: 20-0044623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRADO, TOMAS T
220 NW 87 AVE
K109
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

PRADO, TOMAS T
533 GIRALDA AVENUE
CORAL GABLES, FL 33134 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: TOMAS PRADO

05/18/2005

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: P () Delete
Name: PRADO, TOMAS T
Address: 220 NW 87 AVE #K109
City-St-Zip: MIAMI, FL 33172 US

Title: V () Delete
Name: PEIRO, VICTOR
Address: 220 NW 87 AVE # K109
City-St-Zip: MIAMI, FL 33172 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PRADO, TOMAS T
Address: 533 GIRALDA AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: V (X) Change () Addition
Name: PEIRO, VICTOR
Address: 533 GIRALDA AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: S () Change (X) Addition
Name: PEDRAZA, ALEX
Address: 533 GIRALDA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

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: TOMAS PRADO

P

05/18/2005

Electronic Signature of Signing Officer or Director

Date