2005 FOR PROFIT CORPORATION **ANNUAL REPORT** 

## SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # P03000106945 05 SEP -6 AM 11:39 BAHIA HONDA REAL ESTATE INVESTMENTS VIII, INC. Principal Place of Business Mailing Address 2450 SW 137TH AVE: SUITE 228 2450 SW 137TH AVE., SUITE 221 -MIAMI; FL -33175 MIAMI, FL 33175 de lean Blud. 06292005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For 20-0277345 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name A&A REGISTERED AGENT, INC 2450 SW 137TH AVE., SUITE 221 MIAML EL 33175 City 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 8. The above named en the obligations of age SIGNATURE ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Due by September 7, 2005 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. D TITI F ☐ Delete TITLE Change ☐ Addition ADRIAN, PEDRO J NAME NAME 4000 Ponce de Leon Blud. , #770 STREET ADDRESS 2450 SW 137TH AVE., SUITE 228\_ STREET ADDRESS Coral Gables CL 33146 90005955050000000 09/13/05-01010-008 \*\*150 MIAMI: FL- 33175 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE \*\*150.00 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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 indicated on this report or supplemental report is true and accident on the corporation or the receiver or trustee empowered to each changed or on an attachment with an address, with all other life. changed, or on an attachment y SIGNATURE: INTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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