

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2005 8:00 am
Secretary of State

02-21-2005 90083 042 ***150.00

DOCUMENT # P04000015971 1. Entity Name LANDVISION CONSTRUCTION CORPORATION																																																																	
Principal Place of Business 277 GALEON COURT CORAL GABLES FL 33134 US			Mailing Address 277 GALEON COURT CORAL GABLES FL 33134 US																																																														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																															
City & State Zip 33143 Country		City & State Zip 33143 Country		4. FEI Number 33-1082666 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																																																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																	
6. Name and Address of Current Registered Agent LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BLVD. SUITE 501 AVENTURA, FL FL 33180				7. Name and Address of New Registered Agent Name WAYNE ROSEN Street Address (P.O. Box Number is Not Acceptable) 277 GALEON CT City Coral Gables FL Zip Code 33143																																																													
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 <u>Wayne Rosen</u> DATE <u>2-16-05</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																																																																	
FILE NOW!!! FEE IS \$150.00 After May-1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D ROSEN, WAYNE</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">277 GALEON COURT</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2">CORAL GABLES FL 33134</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>			TITLE	D ROSEN, WAYNE	<input type="checkbox"/> Delete	STREET ADDRESS	277 GALEON COURT		CITY- ST- ZIP	CORAL GABLES FL 33134																							11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2" style="text-align: center; vertical-align: middle; font-size: 2em;">33143</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"> </td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	33143		CITY- ST- ZIP																							
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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: <u>Wayne Rosen</u> DATE <u>2-16-05</u> DAYTIME PHONE # <u>305 441-8786</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																	