

2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-28-2005 90210 013 ***150.00

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DOCUMENT # P04000034569

1. Entity Name
SOUTH FLORIDA LAND GROUP, INC.



05 AUG 31 PM 2:33

Sec. STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2390 NW 7TH STREET #207
MIAMI, FL

Mailing Address
2390 NW 7TH STREET #207
MIAMI, FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4/23/2005

Chg-P

CR2E034 (10/03)

4. FFI Number

41-2129415

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FENTE, MANUEL F ESQ
1110 BRICKELL AVE 7TH FLOOR
MIAMI, FL 33131

Name Ali Hussein Jaqfar

Street Address (P.O. Box Number is Not Acceptable)
2390 N.W. 7th Street #207

City MIAMI

FL

Zip Code 33125

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

4/23/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
JANFAR, ALI H
2390 NW 7TH STREET #207
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MARTIN, Raul C
2390 N.W. 7th Street #207
MIAMI, FL 33125

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DDV
FENTE, JOSE
2390 NW 7TH STREET #207
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DDV
MARTIN, Raul C
2390 N.W. 7th Street #207
MIAMI, FL 33125

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/05 (305) 305 4145