

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000034598

1. Entity Name

PARKWOOD LAND HOLDINGS, INC.



Principal Place of Business

9900 WEST SAMPLE ROAD  
SUITE 317  
CORAL SPRINGS, FL 33065

Mailing Address

9900 WEST SAMPLE ROAD  
SUITE 317  
CORAL SPRINGS, FL 33065

2. Principal Place of Business

10277 W. Sample Road  
Suite, Apt. #, etc.

3. Mailing Address

10277 W. Sample Road  
Suite, Apt. #, etc.

City & State

Coral Springs, Fl.

City & State

Coral Springs, Fl.

Zip

33065

Country

USA

Zip

33065

Country

USA

6. Name and Address of Current Registered Agent

ROSENBERG, ARTHUR R  
4875 NORTH FEDERAL HIGHWAY  
SEVENTH FLOOR  
FORT LAUDERDALE, FL 33308

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PSTD  
TREMATERRA, PETER  
9900 WEST SAMPLE ROAD #317  
CORAL SPRINGS, FL 33065

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change  Addition

10277 W. Sample Road  
Coral Springs, Fl. 33065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

Change  Addition

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CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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: Peter Trematerra** *Peter Trematerra* **2/10/05** **954-752-5555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90230 001 \*\*\*450.00

00010401



01182005 Chg-P CR2E034 (10/03)

4. FEI Number **20-0765263**  Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required