2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000050908

City-St-Zip:

CORAL GABLES, FL 33134 US

Entity Name: CUTLER BAY HOMES, INC.

FILED Apr 26, 2005 Secretary of State

Entity Nar	ne: CUILERE	SAY HOMES, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
260 PALEF CORAL GA	RMO AVE ABLES, FL 331	34 US	1875 N HIB N MIAMI, F		JS		
Current M	ailing Address	:	New Mailir	New Mailing Address:			
260 PALEF CORAL GA	RMO AVE ABLES, FL 331	34 US	1875 N HBI N MIAMI, F		JS		
FEI Number:	20-0894378	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent	: Name and	Name and Address of New Registered Agent:			
260 PALÉF	KRISTINA A RMO AVE ABLES, FL 331	81 US	1875 N HBI	MENDEZ, KRISTINA A 1875 N HBISCUS DR N MIAMI, FL 33181 US			
	named entity so e of Florida.	ubmits this statement for t	he purpose of changing it	s registered	office or registered agent, or	both,	
SIGNATUR	RE: KRISTINA	MENDEZ			04/26/2005		
	Electroni	Signature of Registered	Agent		Date		
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS	S AND DIRECT	ORS:	ADDITION	S/CHANGES	TO OFFICERS AND DIREC	CTORS:	
Title: Name: Address: City-St-Zip:	P () I ZAMORA, ROSA 260 PALERMO A CORAL GABLES	VE.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () I HERNANDEZ, M. 260 PALERMO A CORAL GABLES	VE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	S () I MENDEZ, KRIST 260 PALERMO A		Title: Name: Address:	S () MENDEZ, KRI 1875 N HBISC			

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.

City-St-Zip:

N MIAMI, FL 33181 US

SIGNATURE: KRISTINA MENDEZ S 04/26/2005