


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90108 036 \*\*\*158.75

**DOCUMENT # P04000051745.**

1. Entity Name  
**ENVIRONMENT DEVELOPMENT OF FLORIDA INC**



Principal Place of Business      Mailing Address

**5310 NW 114 AVE  
 UNIT 102  
 DORAL, FL 33178**      **5310 NW 114 AVE.  
 UNIT 102  
 DORAL, FL 33178**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**11366 NW 83 WAY**      **11366 NW 83 WAY**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State **DORAL, FL**      City & State **DORAL, FL.**

Zip **33178**      Country      Zip **33178**      Country

01102008      Chg-P      CR2E034 (12/06)



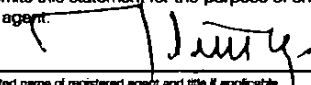
4. FEI Number **20-0917705**      Applied For Not Applicable

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

**GOMEZ, NESTOR  
 5310 NW 114 AVE.  
 UNIT 102  
 DORAL, FL 33178**      Name **GOMEZ NESTOR**  
 Street Address (P.O. Box Number is Not Acceptable) **11366 NW 83 WAY**  
 City **DORAL**      FL      Zip Code **33178**

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  **Nestor Gomez**      DATE **01/10/2008**

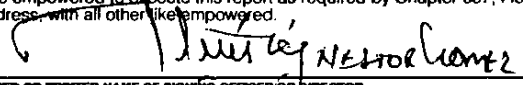
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	<b>TD MORALES, FERNANDO L 5310 NW 114 AVE. UNIT 102 MIAMI, FL 33178</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>11366 NW 83 WAY DORAL, FL, 33178</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LLERENA, EDUARDO 5310 NW 114 AVE. UNIT 102 MIAMI, FL 33178</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>11366 NW 83 WAY DORAL, FL, 33178</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GOMEZ, NESTOR 5310 NW 114 AVE. UNIT 102 MIAMI, FL 33178</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>11366 NW 83 WAY DORAL FL, 33178</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD GOMEZ, EMILIA T 5310 NW 114 AVE. UNIT 102 MIAMI, FL 33178</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>11366 NW 83 WAY DORAL, FL, 33178</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Nestor Gomez**      Date **01/10/2008**      Daytime Phone # **305-305-9977**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #