


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90011 046 ***150.00

DOCUMENT # P05000012735					
1. Entity Name PROPERTY OF MIAMI DEVELOPMENT CONSTRUCTION, INC.					
Principal Place of Business 16075 SW 88 ST., #161 MIAMI, FL 33196			Mailing Address 16075 SW 88 ST., #161 MIAMI, FL 33196		
2. Principal Place of Business - No P.O. Box # 6749 SW 160 PL		3. Mailing Address Suite, Apt. #, etc. <i>Same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI FL		City & State		4. FEI Number APPLIED FOR 20-2806467	
Zip 33193		Country 33193		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VELEZ, JORGE 10143 SW 161ST AVE MIAMI, FL 33196			7. Name and Address of New Registered Agent 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 <i>[Signature]</i> DATE <small>Signature, typed or printed name of registered agent appropriate if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00/ After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11"		
TITLE PD	NAME VELEZ, JORGE		<input type="checkbox"/> Delete		
STREET ADDRESS 16075 SW 88 ST., #161	CITY-ST-ZIP MIAMI, FL 33196		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD	NAME OCAMPO, GLORIA P		<input type="checkbox"/> Delete		
STREET ADDRESS 16075 SW 88 ST., #161	CITY-ST-ZIP MIAMI, FL 33196		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					