


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000058166 1. Entity Name LEGACY DEVELOPMENT DADE DIVISION, INC.	
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Principal Place of Business 9657 SW 124 ST MIAMI, FL 33176 US	Mailing Address 9657 SW 124 STREET MIAMI, FL 33176 US
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DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0436706	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOSE A. BOLANOS, P.A. 2121 PONCE DE LEON BLVD. SUITE 1035 CORAL GABLES, FL 33134
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**DO NOT WRITE
IN THIS SPACE**

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: _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOTOLONGO ARMANDO 9657 S.W. 124 STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IBRAHIM GONZALEZ 4351 SW 149 CT. MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORGIAN JOSE 9619 FOUNTAINBLEAU BLVD APT. 608 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, AIMEE J 865 SUNRISE TERRACE CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/05-80100-004 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Armando Sotolongo, PD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-18-05 Date	305-235-5689 Daytime Phone #
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