

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90018 021 \*\*\*158.75

<b>DOCUMENT # P93000058166</b> 1. Entity Name <b>LEGACY DEVELOPMENT DADE DIVISION, INC.</b>					
Principal Place of Business <b>9657 SW 124 ST</b> <b>MIAMI, FL 33176 US</b>			Mailing Address <b>9657 SW 124 STREET</b> <b>MIAMI, FL 33176 US</b>		
2. Principal Place of Business - No P.O. Box # <b>7245 SW 87 Ave</b> Suite, Apt. #, etc. <b>100</b>		3. Mailing Address <b>7245 SW 87 Ave</b> Suite, Apt. #, etc. <b>100</b>			
City & State <b>Miami - FL</b>		City & State <b>Miami - FL</b>		4. FEI Number <b>65-0436706</b>	
Zip <b>33173</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JOSE A. BOLANOS, P.A.</b> <b>2121 PONCE DE LEON BLVD.</b> <b>SUITE 1035</b> <b>CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> </div> </div>					
TITLE	<b>PD</b> <b>SOTOLONGO ARMANDO</b> <b>9657 S.W. 124 STREET</b> <b>MIAMI, FL 33176</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>SD</b> <b>IBRAHIM GONZALEZ</b> <b>16302 SW 42 TER</b> <b>MIAMI, FL 33185</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>VP</b> <b>HORIGIAN JOSE</b> <b>9619 FOUNTAINBLEAU BLVD APT. 608</b> <b>MIAMI, FL 33172</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>TD</b> <b>DAVIS, AIMEE J</b> <b>865 SUNRISE TERRACE</b> <b>CORAL GABLES, FL 33133</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 fees empowered.					
<b>SIGNATURE:</b> <span style="float: right;"><b>2/27/07</b></span> <span style="float: right;"><b>(305) 630-3733</b></span>					
SIGNATURE AND TYPE OF PERSON OR FIRM SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date</span> <span style="float: right;">Daytime Phone #</span>					