
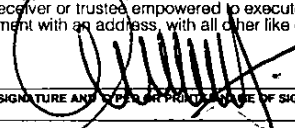


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90048 025 \*\*\*158.75

<b>DOCUMENT # P93000058166</b>					
<b>1. Entity Name</b> LEGACY DEVELOPMENT DADE DIVISION, INC.					
<b>Principal Place of Business</b> 7245 SW 87 AVE. 100 MIAMI, FL 33173 US			<b>Mailing Address</b> 7245 SW 87 AVE. 100 MIAMI, FL 33173 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0436706	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  JOSE A. BOLANOS, P.A. 2121 PONCE DE LEON BLVD. SUITE 1005 950 CORAL GABLES, FL 33134			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 2121 Ponce de Leon Blvd Suite 950 City Coral Gables FL Zip Code 33134		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD SOTOLONGO ARMANDO <del>6657 S.W. 424 STREET</del> <del>MIAMI, FL 33176</del>		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	7245 SW 87 AVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 100 MIAMI FLA 33173	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD IBRAHIM GONZALEZ 16302 SW 42 TER MIAMI, FL 33185		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP HORGIAN JOSE 9619 FOUNTAINBLEAU BLVD APT. 608 MIAMI, FL 33172		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, AIMEE J 865 SUNRISE TERRACE CORAL GABLES, FL 33133		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>  <b>Armando O. Sotolonga</b> <b>4/9/08</b> <b>(305) 630-3733</b> <small>SIGNATURE AND OFFICIAL PRINT OR NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					