

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000058166

FILED
Apr 27, 2009
Secretary of State

Entity Name: LEGACY DEVELOPMENT DADE DIVISION, INC.

Current Principal Place of Business:

7245 SW 87 AVE.
100
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

7245 SW 87 AVE.
100
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 65-0436706 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLANOS, JOSE A
2121 PONCE DE LEON BLVD.
STE. 950
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOTOLONGO, ARMANDO
Address: 7245 SW 87 AVE., STE. 100
City-St-Zip: MIAMI, FL 33176

Title: SD () Delete
Name: IBRAHIM GONZALEZ
Address: 16302 SW 42 TER
City-St-Zip: MIAMI, FL 33185

Title: VP (X) Delete
Name: HORIGIAN JOSE
Address: 9619 FOUNTAINBLEAU BLVD APT. 608
City-St-Zip: MIAMI, FL 33172

Title: TD () Delete
Name: DAVIS, AIMEE J
Address: 865 SUNRISE TERRACE
City-St-Zip: CORAL GABLES, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO SOTOLONGO

PD

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date