

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90525 048 \*\*\*150.00

<b>DOCUMENT # P96000046390</b> 1. Entity Name <b>SOUTH FLORIDA HOME BUILDERS, INC.</b>					
Principal Place of Business <b>1760 WEST 41ST ST HIALEAH, FL 33012</b>				Mailing Address <b>1760 WEST 41ST ST HIALEAH, FL 33012</b>	
2. Principal Place of Business <b>3450 WEST 84 STREET</b> Suite, Apt. #, etc. <b>SUITE 201</b>		3. Mailing Address <b>3450 WEST 84 STREET</b> Suite, Apt. #, etc. <b>SUITE 201</b>			
City & State <b>HIALEAH, FLORIDA</b>		City & State <b>HIALEAH, FLORIDA</b>			
Zip <b>33018</b>	Country <b>USA</b>	Zip <b>33018</b>	Country <b>USA</b>	4. FEI Number <b>65-0718295</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GRAVERAN, NELSON</b> <b>1760 WEST 41ST ST</b> <b>SUITE B</b> <b>HIALEAH, FL 33012</b>			7. Name and Address of New Registered Agent Name <b>NELSON GRAVERAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3450 WEST 84 STREET</b> <b>SUITE 201</b> City <b>HIALEAH</b> <b>FL</b> Zip Code <b>33018</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. SIGNATURE <b>4/22/04</b> <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, 2004 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GRAVERAN, NELSON 1760 WEST 41ST ST STE., B HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GRAVERAN, NELSON 3450 WEST 84 STREET SUITE 201 HIALEAH, FL. 33018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAVERAN, ISABEL C 1760 W 41 ST #B HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAVERAN, ISACRISTINA 3450 WEST 84 STREET SUITE 201 HIALEAH, FL. 33018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRAVERAN, JEANNIE M 1760 W. 41 ST, #B HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRAVERAN, JEANNIE 3450 WEST 84 STREET SUITE 201 HIALEAH, FL. 33018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME 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 exemption stated in Section 119.07(3)(i), 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 <b>4/22/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					