

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 28, 2005 8:00 am
Secretary of State**

04-28-2005 90199 034 ***150.00

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1. Entity Name
GOOD NEIGHBORS DEVELOPMENT CORPORATION

Principal Place of Business
501 CONTINENTAL PLAZA
3250 MARY ST.
MIAMI, FL 33133

Mailing Address
501 CONTINENTAL PLAZA
3250 MARY ST.
MIAMI, FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0886362 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRONIG, STEVEN C ESQ.
3250 MARY STREET
SUITE 307
MIAMI, FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

Signature, typed or printed name of registered agent and title if applicable.

(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. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME BERMAN, DANA
STREET ADDRESS 3250 MARY STREET, SUITE 308
CITY-ST-ZIP MIAMI, FL 33133

Delete

Change Addition

3250 MARY STREET, SUITE 501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/05 (905) 361-0600
Date Daytime Phone #