

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90023 003 \*\*\*150.00

**DOCUMENT # P99000055846**

1. Entity Name  
**64 DEVELOPMENT CORPORATION**



Principal Place of Business  
**1541 SUNSET DRIVE, SUITE 203  
CORAL GABLES, FL 33146**

Mailing Address  
**1541 SUNSET DRIVE, SUITE 203  
CORAL GABLES, FL 33146**

**34020130**

2. Principal Place of Business  
**7500 Red Road**  
Suite, Apt. #, etc.

3. Mailing Address  
**7500 Red Road**  
Suite, Apt. #, etc.

02112004 Chg-P CR2E034 (10/03)

City & State  
**South Miami, FL**  
Zip  
**33143** Country  
**USA**

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**South Miami, FL**  
Zip  
**33143** Country  
**USA**

4. FEI Number  
**65-1027036** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LUCAS, HOWARD B  
2121 PONCE DE LEON BLVD  
SUITE 110  
MIAMI, FL 33134**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME **D FERNANDES, OTTONI** ☐ Delete  
STREET ADDRESS **1541 SUNSET DRIVE, SUITE 203**  
CITY-ST-ZIP **CORAL GABLES, FL 33143**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME **President + Fernandes, Ottoni** ☒ Change ☐ Addition  
STREET ADDRESS **7500 Red Road**  
CITY-ST-ZIP **South Miami, FL 33143**

TITLE  
NAME **Vice-President + Fernandes, Marcelo** ☐ Change ☒ Addition  
STREET ADDRESS **7500 Red Road**  
CITY-ST-ZIP **South Miami, FL 33143**

TITLE  
NAME **Vice-President + Fernandes, Eduardo** ☐ Change ☒ Addition  
STREET ADDRESS **7500 Red Road**  
CITY-ST-ZIP **South Miami, FL 33143**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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**

**Otoni C. Fernandes 3/18/04 305-663-1293**

Date Daytime Phone #