

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P990b0087374

1. Entity Name

PREMIER DESIGN HOMES OF FLORIDA INC.



Principal Place of Business

9950 PRINCESS PALM AVE., #102
TAMPA FL 33619

Mailing Address

11030 N. KENDALL DR., STE. 100
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3603005

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

VALLE, MARIA F
10570 NW 27TH ST., STE 103
MIAMI FL 33172

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

☐ Delete

TITLE NAME
P ISENBERGH, ERIC D
STREET ADDRESS
9950 PRINCESS PALM AVE., #102
CITY- ST- ZIP
TAMPA FL 33619

☐ Delete

TITLE NAME
VPS ROBLES, FRANK
STREET ADDRESS
11030 N. KENDALL DR., STE. 100
CITY- ST- ZIP
MIAMI FL 33176

☐ Delete

TITLE NAME
CEO ROBLES, ALEJANDRO
STREET ADDRESS
11030 N. KENDALL DR., STE. 100
CITY- ST- ZIP
MIAMI FL 33176

☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

000000076737
03/05/04-80015-023 150.00

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE NAME
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CITY- ST- ZIP

☐ Change ☐ Addition

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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

Date

Daytime Phone #