

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000087374

1. Entity Name

PREMIER DESIGN HOMES OF FLORIDA INC.



Principal Place of Business

9950 PRINCESS PALM AVE., #102
TAMPA, FL 33619

Mailing Address

9950 PRINCESS PALM AVE., #102
TAMPA, FL 33619



01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ISENBERGH, ERIC D
STREET ADDRESS	9950 PRINCESS PALM AVE., #102
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	VPS
NAME	ROBLES, FRANK
STREET ADDRESS	11030 N. KENDALL DR., STE. 100
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	CEO
NAME	ROBLES, ALEJANDRO
STREET ADDRESS	11030 N. KENDALL DR., STE. 100
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/07-80041-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

ERIC D. ISENBERGH

Date

1/23/07

Daytime Phone #

813 740 1500