

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAY -5 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT: # P99000087559



1. Entity Name  
THE FORUM DEVELOPMENT INC.

Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_

2. Principal Place of Business 2655 LeJune Rd 3. Mailing Address Same  
Suite, Apt. #, etc. #507 Suite, Apt. #, etc. \_\_\_\_\_

City & State Coral Gables Fl. City & State \_\_\_\_\_  
Zip 33134 Country USA Zip \_\_\_\_\_ Country \_\_\_\_\_

05042004  
4. FEI Number 65-0959328 Applied For \_\_\_\_\_  
Not Applicable \_\_\_\_\_  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**URDANETA, JUAN V ESQ.**  
888 BRICKELL AVENUE, FIFTH FLOOR  
MIAMI, FL 33131

7. Name and Address of New Registered Agent  
Name Juan V. Urdaneta  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
2655 LeJune Rd, #507  
City Coral Gables FL Zip Code 33134

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] DATE: 4/30/04  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004**  
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete SCHROEDEL, JUAN J 888 BRICKELL AVE., 5TH FLOOR MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Delete SCHROEDEL, BEATRIZ M 888 BRICKELL AVE., 5TH FLOOR MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>2655 LeJune Rd, #507</u> <u>Coral Gables, Fl. 33134</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>2655 LeJune Rd, #507</u> <u>Coral Gables, Fl. 33134</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>700036187287</u> <u>05/12/04-01024-010</u> <u>**476.25</u>
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"/> 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 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: [Signature] Juan Schroedel - Dir - Signed  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4/30/04 Daytime Phone # \_\_\_\_\_  
by Atty in fact.

