

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000087559

1. Entity Name
THE FORUM DEVELOPMENT INC.



FILED

04 MAY -5 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

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

City & State City & State
Coral Gables FL

Zip Country Zip Country
33134 USA



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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2655 LeJune Rd, #507	
STREET ADDRESS	Coral Gables, FL 33134	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2655 LeJune Rd, #507	
STREET ADDRESS	Coral Gables, FL 33134	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* Juan Schroedel - Dir - Signed
by Atty in fact.