

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P99000095606

1. Entity Name
LAND DEVELOPMENT OF SOUTH FLORIDA, INC.



Principal Place of Business
**8906 NW 194 TERRACE
HIALEAH, FL 33018**

Mailing Address
**8906 NW 194 TERRACE
HIALEAH, FL 33018**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0957860

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARMADA, JOSE
8906 NW 194 TERRACE
HIALEAH, FL 33018**

**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, 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	PD
NAME	ARMADA, JOSE
STREET ADDRESS	19231 NW 88 COURT
CITY - ST - ZIP	HIALEAH, FL 33015
TITLE	VD
NAME	JOSE, ARMANDA JR
STREET ADDRESS	19231 NORTH WEST 88TH COURT
CITY - ST - ZIP	HIALEAH, FL 33015
TITLE	STD
NAME	ALVEREZ, ANNETTE
STREET ADDRESS	19131 NORTH WEST 88TH COURT
CITY - ST - ZIP	HIALEAH, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000103069
04/05/04-80040-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

4-204 305-8291834