2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000095606



FILED Apr 18, 2006 8:00 am Secretary of State

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Mailing Address Sign Mailing Address Si	LAND DEVELOPMENT OF SOUTH FLORIDA, INC.											
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Ci	8906 NW 194 TERRACE 8906 NW 194 TERRACE							 	R ICHIN ISHII ONIN ONIN CO	IKI COMO JOIDE OIJI	. •Kill •Fi 5 •Fi	1981 El C eg e
City & State	2. Principal F	Place of Busin	3. Mailing Address	ailing Address								
Country Zip	Suite, Apt. #, etc.			Suite, Apt. #, etc.				01182006	Chg-P	CR2E03	4 (11/05)	
S. Certificate of Status Desired Fee Required Man	City & State			City & State							<u> </u>	
ARMADA, JOSE 8906 NW 194 TERRACE HIALEAH, FL 33018 8. The above named entity submits this signament for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a	Zip							Fee Required				
ARMADA, JOSE 8906 NW 194 TERRACE HIALEAH, FL 33018 City FL Zip Code	6. Name and Address of Current Registered Agent					Name		7. Name and	Address of New F	Registered A	gent	
Ety FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, howed or profest name of registered agent and life if applicable. (HOTE Registered Agent separate se	8906 NW 194 TERRACE					Street Address (P.O. Box Number is Not Acceptable)						
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 Fiorida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Sprature Sprature, houde or contect name of registered agent and offer facebackse.	*					City				FI	Zip Code	9
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE ARMADA, JOSE 19231 NW 88 COURT HIALEAH, FL 33015 OUTY-ST-2P HIALEAH, FL 33015 TITLE STD ALVERZ, ANNETTE STREET ADDRESS CITY-ST-2P HIALEAH, FL 33015 TITLE MAME STREET ADDRESS CITY-ST-2P TITLE MAME STREET ADDRESS	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.											
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD												
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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 a raddress, with all other like empowered.

SIGNATURE: 上

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-8295874