

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S28658

FILED
Apr 29, 2005
Secretary of State

Entity Name: SOUTHWEST FLORIDA LAND DEVELOPERS AND INVESTORS, INC.

Current Principal Place of Business:

7590 NW 186 ST
SUITE 109
MIAMI, FL 33015 US

New Principal Place of Business:

Current Mailing Address:

7590 NW 186 ST
SUITE 109
MIAMI, FL 33015 US

New Mailing Address:

FEI Number: 65-0247553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIAMI CORPORATE SYSTEMS INC
283 CATALONIA AVE 2ND FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUIZ, EZEQUIEL
Address: 1643 BRICKELL AVE, #4702
City-St-Zip: MIAMI, FL 33129 US

Title: D () Delete
Name: BARRIOS, CARMEN
Address: 1643 BRICKELL AVE, #4702
City-St-Zip: MIAMI, FL 33129 US

Title: PS () Delete
Name: ARDILA, PABLO MR.
Address: 1643 BRICKELL AVE, #4702
City-St-Zip: MIAMI, FL 33129 US

Title: VPAS () Delete
Name: ARDILA, JAIME MR.
Address: 1643 BRICKELL AVE, #4702
City-St-Zip: MIAMI, FL 33129 US

Title: T () Delete
Name: SIERRA, HELLEN MRS.
Address: 1643 BRICKELL AVE, #4702
City-St-Zip: MIAMI, FL 33129 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PABLO ARDILA

PS

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date