

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S28658

FILED  
Dec 09, 2009  
Secretary of State

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

**Current Principal Place of Business:**

480 WEST 84 ST  
SUITE A-105  
HIALEAH, FL 33014 US

**New Principal Place of Business:**

**Current Mailing Address:**

480 WEST 84 ST  
SUITE A-105  
HIALEAH, FL 33014 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

**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: PVS (X) Delete  
Name: ARDILA, JAIME  
Address: 480 WEST 84 ST SUITE A-105  
City-St-Zip: HIALEAH, FL 33014

Title: TAS (X) Delete  
Name: SIERRA, HELLEN  
Address: 480 WEST 84 STREET SUITE A-105  
City-St-Zip: HIALEAH, FL 33014 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVS (X) Change ( ) Addition  
Name: ARDILA, JAIME  
Address: 480 WEST 84 ST SUITE A-105  
City-St-Zip: HIALEAH, FL 33014

Title: TAS (X) Change ( ) Addition  
Name: SIERRA, HELLEN  
Address: 480 WEST 84 ST SUITE A-105  
City-St-Zip: HIALEAH, FL 33014

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 exemption stated 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 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: JAIME ARDILA

Electronic Signature of Signing Officer or Director

PVS

12/09/2009

Date