


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # S76145	
1. Entity Name LIMONAR DEVELOPMENT, INC.	

Principal Place of Business 260 CRANDON BLVD. SUITE 26C KEY BISCAVNE, FL 33149	Mailing Address 260 CRANDON BLVD. SUITE 26C KEY BISCAVNE, FL 33149
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01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0294644	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORDOBA, MARIA C 260 CRANDON BLVD #26 KEY BISCAVNE, FL 33149

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORDOBA, ALFONSO 260 CRANDON BLVD #26 KEY BISCAVNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S CORDOBA GOOD, MARIA C 260 CRANDON BLVD #26 KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOOD, SIDNEY S 260 CRANDON BLVD. STE 26 KEY BISCAVNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CORDOBA, CECILIA 260 CRANDON BLVD. STE 26 KEY BISCAVNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/29/05-80001-015 158.75

**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: *Maria Paula Cordoba Good* 1/26/2005 (305) 361-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #