

606 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2006 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

DO NOT WRITE IN THIS SPACE



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0294644

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORDOBA, MARIA C
260 CRANDON BLVD #26
KEY BISCAVNE, FL 33149

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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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CORDOBA, ALFONSO
STREET ADDRESS	260 CRANDON BLVD #26
CITY-ST-ZIP	KEY BISCAVNE, FL
TITLE	VP/S
NAME	CORDOBA GOOD, MARIA C
STREET ADDRESS	260 CRANDON BLVD #26
CITY-ST-ZIP	KEY BISCAVNE, FL 33149
TITLE	VPD
NAME	GOOD, SIDNEY S
STREET ADDRESS	260 CRANDON BLVD. STE 26
CITY-ST-ZIP	KEY BISCAVNE, FL
TITLE	VPD
NAME	CORDOBA, CECILIA
STREET ADDRESS	260 CRANDON BLVD. STE 26
CITY-ST-ZIP	KEY BISCAVNE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/20/06-80069-008 158.75

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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 an address, with all other like empowered.

SIGNATURE: MARIA C. CORDOBA GOOD, VP/S 02/01/2006 (305) 361-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #