

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90261 004 \*\*\*150.00

<b>DOCUMENT # S78142</b> 1. Entity Name <b>T &amp; D PROPERTIES OF SOUTH FLORIDA, INC.</b>					
Principal Place of Business <b>550 BILTMORE WAY</b> <b>700</b> <b>CORAL GABLES, FL 33134 US</b>			Mailing Address <b>550 BILTMORE WAY</b> <b>700</b> <b>CORAL GABLES, FL 33134 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0280888</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DIAZ, ROBERTO</b> <b>7745 NW 148TH ST.</b> <b>MIAMI LAKES, FL 33016</b>					
Corrected Name and Address of New Registered Agent Name <b>Diaz, Roberto</b> Street Address (P.O. Box Number is Not Acceptable) <b>7815 NW 148 St.</b> City <b>Miami Lakes</b> FL Zip Code <b>33016</b>					
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORTIZ, RAMIRO 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVTD LOPEZ, HUMERTO 255 ALHAMBRA CIR CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD GARCIA, FELIX 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVS BLAISE, BRUCE 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV GUSKE, CHERYL 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV LOPEZ, JUDITH 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVTD Lopez, Humberto 255 Alhambra Circle Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV Lopez, Judith 255 Alhambra Circle Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <b>Humberto Lopez</b> Date <b>4/27/05</b> Daytime Phone # <b>305) 569-2000</b>					