## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L12701

1. Entity Name

Principal Place of Business

8433 WEST OKEECHOBEE ROAD

HIALEAH GARDENS, FL 33016

BILTMORE VILLAS CONSTRUCTION, INC.



Mailing Address

8433 WEST OKEECHOBEE ROAD HIALEAH GARDENS, FL 33016

## FILED Apr 26, 2004 08:00 AM Secretary of State



02272004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0143435 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

VALDES, PABLO J 8433 WEST OKEECHOBEE ROAD HIALEAH GARDENS, FL 33016

## DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the plons of registered agent.	surpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar	with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title		Agent signaturi	a required when reinstating)	DATE	<u> </u>	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>	cing 🔲	<b>\$5.80</b> May 8e Added to Fees			
10.	OFFICERS AND DIREC	TORS				3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VALDES, PABLO J. 8433 W. OKEECHOBEE RD, HIALEAH GARDENS, FL 33016					150,00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						100.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	/			-· · ··			

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report if true and act plants 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 trusted employered to account 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:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/22/04 305-827-8000