


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90470 017 \*\*\*158.75

<b>DOCUMENT # P00000087221</b> 1. Entity Name VIRGUEZ PROPERTY HOLDINGS, CO.					
Principal Place of Business 18883 SW 26ST MIRAMAR, FL 33029		Mailing Address 18883 SW 26ST MIRAMAR, FL 33029			
2. Principal Place of Business 18749 SW 28 ST Suite, Apt. #, etc.		3. Mailing Address 18749 SW 28 ST Suite, Apt. #, etc.		(P00000087221P)	
City & State MIRAMAR - FLORIDA Zip 33029		City & State MIRAMAR - FLORIDA Zip 33029		4. FEI Number 65-1042488 Applied For <input type="checkbox"/> Not Applicable	
Country BROWARD		Country BROWARD		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  VIRGUEZ, ENRIQUE 18883 SW 26 ST MIRAMAR, FL 33029				7. Name and Address of New Registered Agent Name <u>VIRGUEZ, ENRIQUE</u> Street Address (P.O. Box Number is Not Acceptable) <u>18749 SW 28 ST</u> City <u>MIRAMAR</u> <u>FL</u> Zip Code <u>33029</u>	
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: <u>ENRIQUE VIRGUEZ</u> DATE: <u>04-20-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VIRGUEZ, ENRIQUE 11978 S.W. 12 ST. PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VIRGUEZ, JUAN ARTURO 11978 S.W. 12 ST. PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEDINA, CECILIA 11978 S.W. 12 ST. PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
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: <u>JUAN ARTURO VIRGUEZ</u> Date: <u>04-20-04</u> Daytime Phone #: <u>954 3720472</u>		