


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90047 017 ***158.75

DOCUMENT # P00000087221	
1. Entity Name VIRGUEZ PROPERTY HOLDINGS, CO.	

Principal Place of Business 4797 SW 183RD AVENUE MIRAMAR, FL 33029	Mailing Address 4797 SW 183RD AVENUE MIRAMAR, FL 33029
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40067910

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
VIRGUEZ, JUAN A 4797 SW 183RD AVENUE MIRAMAR, FL 33029	

04112008	Chg-P	CR2E034 (12/06)
4. FEI Number 65-1042488		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRGUEZ, JUAN ARTURO	NAME	
STREET ADDRESS	4797 SW 183RD AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33029	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDIANA, CECILIA	NAME	
STREET ADDRESS	4797 SW 183RD AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33029	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRGUEZ, JAIMES	NAME	SD VIRGUEZ, JAIMES
STREET ADDRESS	4797 SW 183RD AVENUE	STREET ADDRESS	4797 SW 183 RD AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33029	CITY-ST-ZIP	MIRAMAR FL 33029
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRGUEZ, ZOILO E	NAME	
STREET ADDRESS	4797 SW 183RD AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33029	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **JUAN ARTURO VIRGUEZ** 04-10-2008 9543943403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #