## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000016308

Entity Name: VILLA CLARA ENTERPRISES, INC.

REQUEJO, ANTONIO

19471 NW 8 STREET

PEMBROKE PINES, FL 33029

Name:

Address:

City-St-Zip:

FILED Feb 20, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 12847 NW 45TH AVE. OPA LOCKA, FL 33054 **Current Mailing Address: New Mailing Address:** 12847 NW 45TH AVE OPA LOCKA, FL 33054 FEI Number: 65-1079072 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REQUEJO, ANTONIO 12847 NW 45TH AVE. OPA LOCKA, FL 33054 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition REQUEJO, ANTONIO J Name: Name: 15941 SW 53 COURT Address: Address: City-St-Zip: FT LAUDERDALE, FL 33331 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: GEILIN, ELSA M Name: 15941 SW 53 COURT Address: Address: FT LAUDERDALE, FL 33331 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: VD () Change () Addition ESPINOSA, DOMINGO Name: Name: 325 WEST 55 STREET Address: Address: City-St-Zip: HIALEAH, FL 33014 City-St-Zip: Title: STD ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ELSA M. GEILIN VD 02/20/2006