

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

For Office Use Only

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FILED

11 JUN -1 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 901000063723

1. Entity Name

Villeda Concrete Finish, Inc



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2. Principal Place of Business - No P.O. Box #

11541 NW 44th St.

Suite, Apt. #, etc.

3. Mailing Address

11541 NW 44th St.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Coral Springs, FL

Zip 33065

Country

City & State

Coral Springs, FL

Zip 33065

Country

4. FEI Number

65-1114696

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MISAE VILLEDA

Street Address (P.O. Box Number is Not Acceptable)

11541 NW 44th St.

City

Coral Springs

FL

Zip Code

33065

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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 re-stating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$650.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

☐

\$5.00

May Be

Added to Fees

E-mail Address:

besttax1040@yahoo.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MISAE VILLEDA  
11541 NW 44th St.  
Coral Springs, FL 33065

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP  
SILVINA GONZALEZ  
11541 NW 44th St.  
Coral Springs, FL 33065

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

600207204666

05/04/11 01036-028 \*\*\*150.00

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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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Misael Villeda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

5/20/11 (305) 949-1873