## FOR PROFIT CORPORATION **ANNUAL REPORT**

For Office Use Only

DO NOT WRITE IN THIS SPACE

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DOCUMENT # PO 10000	)63T2Z			1. 15	C U .
1. Entity Name	. 1 7			11 JUN - I	AM 11: 43
Villeda Concrete Fir	ush, Lnc			SECRETAR	Y OF STATE
				SECRETAR TALLAHASS	EE. FLORID
DO NOT WRITE	IN THIS SPACE	E			
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	I#C1			
11541 NW 44#St.	11541 NW 4	4 <sup>th</sup> St.	CDat	5094B /4/44\	
Suite, Apt. #, etc.	Suite, Apr. », etc.		CRZI	E034B (1/11)	
Coral Springs, FL	Coral Springs	F/_ 4	EEI Number 111 460	76	Applied For Not Applicable
- 1	Zio - Cour	ntru	. Certificate of Status Desire	. □ \$8.7	5 Additional
33665 Country	33068		Name and Address of Curre	Fee H	equired
		Name M.C.A.	VIIICKE	)	
DO NOT WI	RITE	Street Address (P.O.	Box Number is Not Accepta	nble)	
IN THIS SP	THE WAR AND THE PARTY OF THE PA	·			
, in in inio of	ACE	11541 N	w 44mst.		
		City Coral	orinas	FL	<sup>p code</sup> 3306
CONTRACTOR OF THE CONTRACTOR O	ab	d office or registered o	ent, or both, in the State of F	lorida. I am familiar v	vith, and accept
8. The above named entity submits this statement for	the brithose of cuanding its redisters	ra citica di Taffistatan si	,		
the obligations of registered agent.	the purpose of changing its registere	rd office of Tealisteled Si			
the obligations of registered agent.					
the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and		Agent agneture required when		DATE E-mail Addres	
the obligations of registered agent.  SIGNATURE  Signature, typed of printed name of registered agent and January 1. May 1 Fee is \$150.00  After May 1, Fee is \$650.00	of the if applicable (NOTE: Registered	Agent signature required when nancing [1] \$5.00	may Be. best to	DATE	
SIGNATURE  Signature, typed or printed name of registered agent and January 1. May 1 Fee is \$150.00	9. Election Campaign Fit Trust Fund Contribution	Agent signature required when nancing [1] \$5.00	may Be. best to	DATE	s: Yahoo Gm
SIGNATURE  Signature, typed of profits frame of registered agent and analysis. See is \$150.00  After May 1, Fee is \$650.00  Amerided AR is \$61.25  Make Check Payable to Florida Department of 10.  OFFICERS AND (	9. Election Campaign Fit Trust Fund Contributio	Agent signature required when nancing [1] \$5.00	may Be. best to	DATE E-mail Addres	s: Yahoo Gm
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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 eath; that I am an officer or director of the corporation or the receive 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.\$.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE