### **2005 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

DOCUMENT # P01000081902 PUEBLITO VIEJO #2, INC.

Principal Place of Business

8285 SW 40 STREET MIAMI, FL 33155

Mailing Address

8285 SW 40 STREET MIAMI, FL 33155

#### **FILED** Mar 01, 2005 08:00 AM Secretary of State



#### DO NOT WRITE IN THIS SPACE

02012005 No Chg-P CR2E034 (1	10/03)
------------------------------	--------

Applied For 4. FEI Number 65-1137709 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, MARIA T ESQ. 2700 S.W. 37TH AVENUE

# DO NOT WRITE

2ND FLOOR MIAMI, FL 33133		IN THIS SPACE					
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 NUWIII FEE IO ATOUJUU   ' '		Election Campaign Finan Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	######################################		
10.	OFFICERS AND DIRE	CTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD RODRIGUEZ, GLORIA 6421 S.W. 95TH AVENUE MIAMI, FL 33173						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RODRIGUEZ, GONZALO 6421 S.W. 95TH AVENUE MIAMI, FL 33173						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CITY- ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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 of 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 federal proposered 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.							

Gloria Rodriguez

SIGNING OFFICER OR DIRECTOR