## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P02000022508**

WOODTHRUSH 14-179 CORP.



**FILED** Apr 16, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

LOT 14 WOODTHRUSH ST. **PUNTA GORDA ISLES** 

BCO. POPULAR CENTER BLDG. 208 PONCE DE LEON AVE., SUITE 1426

PUNTA GORDA, FL 33950

SAN JUAN, PR 00918-1033



DO NOT WRITE IN THIS SPACE

04042007 No Chg-P

CR2E034 (11/05)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASILIO, MIRIAM G 2539 RIO PALERMO COURT **PUNTA GORDA ISLES** PUNTA GORDA, FL 33950

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

AMUL 4, 2017

							!
8. The above the obligat	e named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	ed office or register	ed agent, or both	, in the State of Florida. I	am familiar with, a	nd accept
SIGNATURE.	Signature, typed or printed name of registered agent and bile in	applicable (NOTE Broustered	Agent signature required	when repetennes		ATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees		00 May Be			
10.	OFFICERS AND DIREC	CTORS	<u> </u>	<del></del>	:- <u>:</u>		<del></del>
TITLE  NAME .  STREET ADDRESS  CITY-ST-ZIP	D GAZTAMBIDE, MARIO 2333 BRICKELL AVE., #2805 MIAMI, FL 33129			, -	• •	· • .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAZTAMBIDE, JOSE 1663 LILAS STREET SAN JUAN, PR 00927				U00001 04/24/07	0707621 -80081-024	1 15O.
TITLE NAME. STREET ADDRESS CITY-ST-ZIP				DO I	NOT WRI	TE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPAC	CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS							

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 chapter 11 on an attachment with any address, with all other like empowered.

NING OFFICER OR DIRECTOR

with an address, with all other like empowered.