

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000078806

1. Entity Name

MIAMI FOREST VILLAS, INC.



Principal Place of Business

326 SW 62ND AVE
MIAMI FL 33144

Mailing Address

326 SW 62ND AVE
MIAMI FL 33144

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt #, etc

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

✓

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, CRISTINA P
1365 STILLWATER DR
MIAMI BEACH FL 33141-1029

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

□

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CASTRO, PURA
STREET ADDRESS 326 SW 62ND AVE
CITY-ST-ZIP MIAMI FL 33144

TITLE VSD
NAME CASTRO, MARIO
STREET ADDRESS 336 SW 62ND AVE
CITY-ST-ZIP MIAMI FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PURA CASTRO 2/14/04/205620997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #