

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 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**

DO NOT WRITE IN THIS SPACE



02232006 No Chg-P CR2E034 (11/05)

4. FEI Number
16-1676675

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CASTRO, PURA
326 SW 62ND AVE
MIAMI, FL 33144**

**DO NOT WRITE
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

Pura Castro

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

2/23/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000448729
03/09/06-80025-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CASTRO, PURA 326 SW 62ND AVE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD CASTRO, MARIO 326 SW 62ND AVE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T LAMARCHE, LUISA 326 SW 62ND AVE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SALAZAR VUST, CLARA 326 SW 62ND AVE MIAMI, FL 33144

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Pura Castro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-06

Date

Daytime Phone #