

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90055 028 \*\*\*150.00

DOCUMENT # P03000104869

1. Entity Name

~~NASSAU DEVELOPMENT OF VILLAGE WEST, CORP.~~



Principal Place of Business

2903 SALZEDO ST  
CORAL GABLES, FL 33134-6618

Mailing Address

2903 SALZEDO ST  
CORAL GABLES, FL 33134-6618

40061000



02142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0247271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARRERO, JULIO C  
2903 SALZEDO ST  
CORAL GABLES, FL 33134-6618

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME MARRERO, JULIO C  
STREET ADDRESS 2903 SALZEDO ST  
CITY- ST- ZIP CORAL GABLES, FL 331346618

TITLE VICE PRESIDENT  
NAME BENITEZ, ORLANDO  
STREET ADDRESS 2903 SALZEDO ST  
CITY- ST- ZIP CORAL GABLES, FL 331346618

TITLE S  
NAME MARRERO, ROSA  
STREET ADDRESS 2903 SALZEDO ST  
CITY- ST- ZIP CORAL GABLES, FL 331346618

TITLE T  
NAME MUSKAT, PHILLIP  
STREET ADDRESS 2903 SALZEDO ST  
CITY- ST- ZIP CORAL GABLES, FL 331346618

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #