

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90032 011 ***150.00

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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

40005830



01082008 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

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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, 2008 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 V
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

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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

01/14/08 305-446 0163

Date

Daytime Phone #