


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-17-2008 90029 001 ***150.00

DOCUMENT # P03000110367 1. Entity Name GRAND ABBACO DEVELOPMENT OF VILLAGE WEST CORPORATION	
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Principal Place of Business 2903 SALZEDO ST CORAL GABLES, FL 33134-6618	Mailing Address 2903 SALZEDO ST CORAL GABLES, FL 33134-6618
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0287835	Applied For Not Applicable
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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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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARRERO, ROSA 2903 SALZEDO ST CORAL GABLES, FL 331346618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENITEZ, ORLANDO 2903 SALZEDO ST CORAL GABLES, FL 331346618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARRERO, ROSA 2903 SALZEDO STREET CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUSKAT, PHILLIP 2903 SALZEDO ST 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: Rosa Marrero 01/14/08 305-446-0143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #