


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000149140	
1. Entity Name ALEJANDRO VILLEDA CONSTRUCTION, INC.	

Principal Place of Business 2104 PARK AVE HAINES CITY, FL 34844	Mailing Address 2104 PARK AVE HAINES CITY, FL 34844
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DO NOT WRITE IN THIS SPACE



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 32-0101772	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VILLEDA, ALEJANDRO
2104 PARK AVE
HAINES CITY, FL 34844

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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: *Alejandro Villeda* DATE: *04/21/05*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000328731 04/25/05-80091-007 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VILLEDA, ALEJANDRO 2104 PARK AVE HAINES CITY, FL 34844
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RAMIRES, ELICEO 39 AVENUE C. N. AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VILLEDA, MAURICIO 3508 U AVE NW WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Alejandro Villeda* DATE: *04/21/05* DAYTIME PHONE #: *863-421-5328*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR