

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 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



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0101772

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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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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, 2006 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 VILLEDA, ALEJANDRO
STREET ADDRESS 2104 PARK AVE
CITY-ST-ZIP HAINES CITY, FL 34844

TITLE VP
NAME RAMIRES, ELICEO
STREET ADDRESS 39 AVENUE C. N.
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE T
NAME VILLEDA, MAURICIO
STREET ADDRESS 3508 U AVE NW
CITY-ST-ZIP 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

1100000391389
01/24/06-80038-023 150.00

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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:

Alejandro Villeda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2006 (863) 421-5321
Date Daytime Phone #