


FILED
Mar 04, 2005 8:00 am
Secretary of State

02-01-2005 90055 002 *****8.75
02-01-2005 90055 001 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000015052			
1. Entity Name VILLANUEVA CONSTRUCTION, INC.			
Principal Place of Business 8912 W. FLAGLER STREET #216 MIAMI, FL 33174		Mailing Address 8912 W. FLAGLER STREET #216 MIAMI, FL 33174	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent VILLANUEVA BUSTOS, ANTONIO C 8912 W. FLAGLER STREET # 216 MIAMI, FL 33174		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when renewing)</small> DATE _____			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P/D VILLANUEVA BUSTOS, ANTONIO C 8912 W. FLAGLER STREET-#216 MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ <small>Daytime Phone # _____</small>	

66003405



01152005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0641982
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required