



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90313 014 \*\*\*150.00

<b>DOCUMENT # P04000033950</b> 1. Entity Name <b>VILCO CONSTRUCTION, INC.</b>																									
Principal Place of Business <b>110 SOUTH SHORE DRIVE SUITE 6F MIAMI BEACH, FL 33141</b>			Mailing Address <b>110 SOUTH SHORE DRIVE SUITE 6F MIAMI BEACH, FL 33141</b>																						
2. Principal Place of Business Suite, Apt. #, etc. <b>16485 COLLINS AVE #1832</b>		3. Mailing Address Suite, Apt. #, etc. <b>39 M E</b>																							
City & State <b>SUNNY ISLES BEACH, FL</b>		City & State <b>SUNNY ISLES BEACH, FL</b>		4. FEI Number <b>37-1487769</b>																					
Zip <b>33169</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																					
6. Name and Address of Current Registered Agent <b>VILLENEUVE, DEBORAH 110 SOUTH SHORE DRIVE SUITE 6F MIAMI BEACH, FL 33141</b>				7. Name and Address of New Registered Agent Name <b>VILLENEUVE, DEBORAH</b> Street Address (P.O. Box Number is Not Acceptable) <b>16485 COLLINS AVE #1832</b> City <b>SUNNY ISLES BEACH</b> <b>FL</b> Zip Code <b>33160</b>																					
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 <u><i>Deborah Villeneuve</i></u> DATE <u>3-8-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																						
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>PVT VILLENEUVE, DEBORAH 110 SOUTH SHORE DRIVE SUITE 6F MIAMI BEACH, FL 33141</b> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete         </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVT VILLENEUVE, DEBORAH 110 SOUTH SHORE DRIVE SUITE 6F MIAMI BEACH, FL 33141</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>PVT VILLENEUVE, DEBORAH 16485 COLLINS AVE #1832 SUNNY ISLES BEACH, FL 33160</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVT VILLENEUVE, DEBORAH 16485 COLLINS AVE #1832 SUNNY ISLES BEACH, FL 33160</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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: <u><i>Deborah Villeneuve</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-8-05</u> Daytime Phone # _____																						