



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90033 043 ***150.00

DOCUMENT # P05000000830					
1. Entity Name VASQUEZ, INC.					
Principal Place of Business 3365 CELENA CIRCLE SAINT CLOUD, FL 34769			Mailing Address 3365 CELENA CIRCLE SAINT CLOUD, FL 34769		
2. Principal Place of Business 1 SNAP DRAGON CT Suite, Apt. #, etc.		3. Mailing Address 1 SNAP DRAGON CT Suite, Apt. #, etc.			
City & State HomosSA Florida		City & State HomosSA Florida		4. FEI Number 20-2107516	
Zip 34446		Zip 34446		Country CITRUS	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VASQUEZ, RALPH 3365 CELENA CIRCLE SAINT CLOUD, FL 34769			7. Name and Address of New Registered Agent Name Ralph VASQUEZ Street Address (P.O. Box Number is Not Acceptable) 1 SNAP DRAGON CT City HomosSA FL Zip Code 34446		
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 X Ralph Vasquez DATE 3/9/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DPTS VASQUEZ, RALPH 3365 CELENA CIRCLE SAINT CLOUD, FL 34769 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ralph VASQUEZ 1 SNAP DRAGON CT HomosSA, FL 34446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: X Ralph Vasquez <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/9/06 Daytime Phone # 407-433 2913		

Robert M. Day, C.F.A.

Osceola County Property Appraiser

P O Box 423427

Kissimmee FL 34742-3427

(407) 343-3750

P-00053412-0000

ATTACHMENT

P0500000830

Tangible Personal Property Tax Return
Confidential §§193.074 F.S.
As Required by §§193.052 & 193.062 F.S. Return to
County Property Appraiser By April 1 to Avoid Penalties

State of Florida, County of Osceola 2006

Business Name (DBA - Doing Business As) and
Mailing Address

1221 MAIN ST N



VASQUEZ INC
RALPH VASQUEZ
1221 N MAIN ST
KISSIMMEE FL 34744-4286



40031108

Federal Employer Ident. No

20-2107516

Social Security Number

000-00-0000

NAICS/SIC

000000

If name and address is incorrect make necessary corrections

This return subject to audit with all records kept by you.

Incomplete entries are subject to penalties.

1. Please give name and telephone number of Owner or Person in charge of this Business.

Name _____ Telephone _____

Corporate Name _____

2. Actual Physical Location of Property for Which this Return is Filed (Street Address - Not P.O. Box)

3. Is your business or farm located within the incorporated limits of a City? Yes ___ No ___

What City? _____

4. Do You File a Tangible Personal Property Tax Return Under Any Other Name? Yes ___ No ___

Please Show name Exactly as it Appeared on Your most recent Personal Property Tax Bill or

Other Current Tax Return. _____

5. Date you began business in this county: 2005 Fiscal year: 12/31

5a. Although my fiscal year ended prior to December 31 of the past calendar year, this return reflects property additions and deletions through December 31. Yes ☒ No ___

6. Describe Type or Nature of Your Business:

REAL ESTATE SALES

7. Trade Level (Check as many as apply) Retail ☐ Wholesale ☐ Manufacturing ☐

Professional ☐ Service ☒ Agriculture ☐ Leasing/Rental ☐ Other ☐

8. Did you file a Tangible Personal Property Return in this county last Year? Yes ___ No ☒

If so, under what name and where? _____

9. Former owner of the Business: _____

9a. If Business sold, to whom? _____

Date Sold: _____

Personal Property Summary

THIS IS A SUMMARY SCHEDULE ONLY. The Schedules on the REVERSE SIDE must be completed in detail and TOTALS entered below. ATTACH ITEMIZED LIST or DEPRECIATION SCHEDULE showing Original Cost & Date of Acquisition.

10. Office Furniture & Office Machines & Library

11. EDP Equipment, Computers, Word Processors

12. Store, Bar & Lounge, and Restaurant Furniture & Equipment, Etc.

13. Machinery and Manufacturing Equipment

14. Farm, Grove, and Dairy Equipment

15. Professional, Medical, Dental & Laboratory Equipment

16. Hotel, Motel, & Apartment Complex

16a. Rental Units - Stove, Refrigerator, Furniture, Drapes & Appliances

17. Mobile Home Attachments (Carport, Utility Bldg., Cabana, Porch, Etc.)

18. Service Station & Bulk Plant Equipment - Underground Tanks, Lifts, Tools

19. Signs - Billboard, Pole, Wall, Portable, Directional, Etc.

20. Leasehold Improvements must be grouped by type, year of installation and description

21. Pollution Control Equipment

22. Equipment owned by you but rented, leased or held by others

23. Supplies - Not Held for Resale

24. Other - Please Specify

Taxpayer's Estimate of
Fair Market Value

Original
Installed
Cost

Appraiser's
Use only

TOTAL PERSONAL PROPERTY

Under penalties of perjury, I declare that I have read the foregoing tax return and the accompanying schedules and statements and that the facts stated in them are true. If prepared by someone other than the taxpayer, the preparer signing this return certifies that this declaration is based on all information of which he/she has any knowledge.

DATE 3/8/06 TITLE President

SIGNED R. Vasquez

SIGNED Cordeiro

ADDRESS 1310 N MAIN ST #107 Kiss Fc

PHONE NO. 407 931 0002

PREPARED BY PREPARED BY PREPARER'S I.D. 65033420

LESS EXEMPTION: () WIDOW () WIDOWER () BLIND
() TOTAL DISABILITY () OTHER

Taxable value

Deputy

Penalty

Please sign and date your return, send the original to the county appraiser's office by April 1, unsigned returns cannot be accepted by the appraiser's office.

Notice: If you are entitled to a widow's, widower's or disability exemption on personal property (not already claimed on real estate) consult appraiser.

Schedules on Reverse Side must be completed in Full.

DR-405
R. 11/01