

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000047437

1. Entity Name
VILLAS SANTA FE, CORP.



Principal Place of Business
1580 SAWGRASS CORPORATE PKWY
STE 130
SUNRISE, FL 33323

Mailing Address
1580 SAWGRASS CORPORATE PKWY
STE 130
SUNRISE, FL 33323

DO NOT WRITE IN THIS SPACE



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4615567	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

BANDIN, JUAN CARLOS
1580 SAWGRASS CORPORATE PKWY
STE 130
SUNRISE, FL 33323

**DO NOT WRITE
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BANDIN, JUAN CARLOS
STREET ADDRESS	1580 SAWGRASS CORPORATE PKWY, STE 130
CITY-ST-ZIP	SUNRISE, FL 33323

TITLE	D
NAME	LEVY, LEON ESQUENAZI
STREET ADDRESS	1580 SAWGRASS CORPORATE PKWY, STE 130
CITY-ST-ZIP	SUNRISE, FL 33323

TITLE	D
NAME	DURAN, ANTONIO
STREET ADDRESS	1580 SAWGRASS CORPORATE PKWY, STE 130
CITY-ST-ZIP	SUNRISE, FL 33323

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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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/08
Date Daytime Phone #