

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90152 024 ***150.00

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1. Entity Name
12180 CORPORATION



Principal Place of Business

P.O. BOX 650545
MIAMI, FL 33265 US

Mailing Address

P.O. BOX 650545
MIAMI, FL 33165 US

14007127



DO NOT WRITE IN THIS SPACE

04122005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0395961

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

STEFANO, MARIANO
11350 SW 95TH ST
MIAMI, FL 33176

**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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
STEFANO, JUAN J
14090 SW 34 ST
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
STEFANO, MARIANO
11350 SW2 45TH ST
MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
STEFANO, ANDRES
11350 SW 95TH ST
MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
STEFANO, NANCY
11350 SW 95TH ST
MIAMI, FL 33176

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/05