

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000087720 1. Entity Name VILLA CARMEN, INC.																										
Principal Place of Business 11011 S.W. 69 DRIVE MIAMI, FL 33173			Mailing Address 11011 S.W. 69 DRIVE MIAMI, FL 33173																							
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																							
City & State			City & State																							
Zip		Country		4. FEI Number 65-0539524																						
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																						
6. Name and Address of Current Registered Agent DOMINGUEZ, CARMEN 11011 S.W. 69 DRIVE MIAMI, FL 33173				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																						
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.				\$8.75 Additional Fee Required																						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">VP</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SIXTO, EMILIO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4000 S W 128TH AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	VP	<input type="checkbox"/> Delete	NAME	SIXTO, EMILIO		STREET ADDRESS	4000 S W 128TH AVE		CITY - ST - ZIP	MIAMI, FL		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP		
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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)(f), 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>Carmen Dominguez</u> CARMEN DOMINGUEZ <u>2/8/05</u> <u>493-2901</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																										