

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90060 018 \*\*\*150.00

**DOCUMENT # P96000037460**

1. Entity Name

DE FAZIO VILLA D'ESTE HOLDING CORP.



Principal Place of Business

1154-83RD STREET  
BROOKLYN NY 11228

Mailing Address

1154-83RD STREET  
BROOKLYN NY 11228

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-2290276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

LASALLE, THOMAS L  
5353 NORTH FEDERAL HIGHWAY, SUITE 405  
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DE FAZIO, LAURENCE	
STREET ADDRESS	1154-83RD STREET	
CITY-ST-ZIP	BROOKLYN NY 11228	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEFAZIO, GIOVANNA	
STREET ADDRESS	1154-83RD STREET	
CITY-ST-ZIP	BROOKLYN NY 11228	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE FAZIO, MARK	
STREET ADDRESS	1154 83RD ST	
CITY-ST-ZIP	BROOKLYN NY 11228	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE FAZIO, GREGORY	
STREET ADDRESS	1154 83RD ST.	
CITY-ST-ZIP	BROOKLYN NY 11228	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE FAZIO, ANDREW	
STREET ADDRESS	1154 83RD ST.	
CITY-ST-ZIP	BROOKLYN NY 11228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

LAURENCE DE FAZIO

1-30-06

7188360430

Date

Daytime Phone #