

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 11-2290276

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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, 2007 Fee Will Be \$550.00**

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

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME DE FAZIO, LAURENCE ☐ Delete  
STREET ADDRESS 1154-83RD STREET  
CITY-ST-ZIP BROOKLYN NY 11228

TITLE VP  
NAME DEFAZIO, GIOVANNA ☐ Delete  
STREET ADDRESS 1154-83RD STREET  
CITY-ST-ZIP BROOKLYN NY 11228

TITLE D  
NAME DE FAZIO, MARK ☐ Delete  
STREET ADDRESS 1154 83RD ST  
CITY-ST-ZIP BROOKLYN NY 11228

TITLE D  
NAME DE FAZIO, GREGORY ☐ Delete  
STREET ADDRESS 1154 83RD ST.  
CITY-ST-ZIP BROOKLYN NY 11228

TITLE D  
NAME DE FAZIO, ANDREW ☐ Delete  
STREET ADDRESS 1154 83RD ST.  
CITY-ST-ZIP BROOKLYN NY 11228

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000631596  
CITY-ST-ZIP 02/20/07-80054-001 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:** *Giovanna De Fazio* GIOVANNA DEFAZIO 2-8-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #