

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90175 015 \*\*\*150.00

**DOCUMENT # P97000006867**

1. Entity Name  
CARLOS J. VILLANUEVA, P.A.



Principal Place of Business

75 VALENCIA AVE., 4TH FLOOR  
CORAL GABLES, FL 33134  
*2100 PONCE DE LEON BLVD #600*

Mailing Address

2121 PONCE DE LEON BLVD., #240  
CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**

04282006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0721159

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

~~PRATS, GABRIEL~~ *CARLOS J. VILLANUEVA, Esq.*  
~~2121 PONCE DE LEON BLVD., STE. #240~~ *2100 PONCE DE LEON BLVD #600*  
CORAL GABLES, FL 33134

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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

*4-28-06*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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  
DP  
VILLANUEVA, CARLOS J  
2100 PONCE DE LEON BLVD., #600  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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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

Date

Daytime Phone #

*CARLOS J. VILLANUEVA*  
*PA.*

*4-28-06 305-377 0812*