
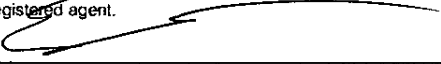
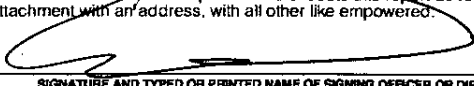


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90004 012 ***158.75

DOCUMENT # P97000022336 1. Entity Name VILLA ROMERO FRAMING, INC.																															
Principal Place of Business 128 TOSCANOOGA RD MASCOTTE, FL 34753 US		Mailing Address P.O. BOX 35 GROVELAND, FL 34736 US																													
2. Principal Place of Business 104 E. Broadst. Suite, Apt. #, etc.		3. Mailing Address PO Box 35 Suite, Apt. #, etc.																													
City & State Groveland, FL Zip 34736		City & State Groveland, FL 34736 Zip 34736																													
4. FEI Number 59-3433252		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03022004 Chg-P CR2E034 (10/03)																													
6. Name and Address of Current Registered Agent VILLANUEVA, ESTEBAN 128 TOSCANOOGA RD MASCOTTE, FL 34753		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																													
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:  <div style="display: flex; justify-content: space-between; font-size: small;"> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE </div>																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>VILLANUEVA, ESTEBAN</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>128 TOSCANOOGA RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MASCOTTE, FL 34753</td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	VILLANUEVA, ESTEBAN	<input type="checkbox"/>	STREET ADDRESS	128 TOSCANOOGA RD		CITY-ST-ZIP	MASCOTTE, FL 34753		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	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)(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: 		Date: 3/2/04 Daytime Phone #: 352-429-6282																													