

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000018215

1. Entity Name

VILLA ESTRADA, INC.



Principal Place of Business

3829 SURFSIDE BLVD.  
CAPE CORAL FL 33914

Mailing Address

3829 SURFSIDE BLVD.  
CAPE CORAL FL 33914



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Site, Apt. #, etc.

Site, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 65-0816088

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WAGNER, FRANZ PAUL  
3829 SURFSIDE BLVD.  
CAPE CORAL FL 33914

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 state if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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 VSD ☐ Delete  
NAME WAGNER, ROSEMARIE  
STREET ADDRESS 3829 SURFSIDE BLVD.  
CITY- ST- ZIP CAPE CORAL FL 33914

TITLE PD ☐ Delete  
NAME WAGNER, FRANZ PAUL  
STREET ADDRESS 3829 SURFSIDE BLVD.  
CITY- ST- ZIP CAPE CORAL FL 33914

TITLE T ☐ Delete  
NAME WAGNER, FLORIAN  
STREET ADDRESS 3829 SURFSIDE BLVD  
CITY- ST- ZIP CAPE CORAL FL 33914

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000830652  
CITY- ST- ZIP 02/26/08-80091-019 150.00

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

TITLE ☐ Change ☐ Addition  
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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: Rosemarie Wagner 02-14-2008 239-542-5818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR