

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90157 039 ***150.00

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1. Entity Name
RICHARD VILLEGAS ENTERPRISES, INC.



Principal Place of Business
13079 NW 23 STREET
PEMBROKE PINES, FL 33028

Mailing Address
13079 NW 23 STREET
PEMBROKE PINES, FL 33028

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2. Principal Place of Business - No P.O. Box #
14719 Breakness Place

3. Mailing Address
14719 Breakness Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122008 Chg-P CR2E034 (12/06)

City & State
Miami Florida

City & State
Miami Florida

4. FEI Number
65-0820334

Applied For
Not Applicable

Zip Country
33016 USA

Zip Country
33016 USA

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

6. Name and Address of Current Registered Agent

VILLEGAS, RICHARD
13079 NW 23 STREET
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
14719 Breakness Place

City Zip Code
Miami Lakes FL 33016

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME VILLEGAS, RICHARD
STREET ADDRESS 13079 NW 23 STREET 14719 Breakness Place
CITY-ST-ZIP PEMBROKE PINES, FL 33028 - Miami Lakes 33016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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
CITY-ST-ZIP

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 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

4/12/08
Date

Daytime Phone #