

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000035956

1. Entity Name
VILLA ESPERANZA APARTMENTS, INC.



Principal Place of Business
**490 OPA LOCKA BLVD.
SUITE 20
OPA LOCKA, FL 33054**

Mailing Address
**490 OPA LOCKA BLVD.
SUITE 20
OPA LOCKA, FL 33054**



04162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0793762

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WASHINGTON, LYNN C ESQ.
701 BRICKELL AVE., #2800
MIAMI, FL 33131**

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLIAMS-BALDWIN, STEPHANIE
STREET ADDRESS 490 OPA LOCKA BLVD.#20
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE D
NAME BARNETT, WILLIE
STREET ADDRESS 6600 NW 27 AVENUE #109
CITY-ST-ZIP MIAMI, FL 33147

TITLE D
NAME LOGAN, WILLIE
STREET ADDRESS 490 OPA LOCKA BLVD, STE 20
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE D
NAME SABIR, NASHID
STREET ADDRESS 18350 N.W. 2 AVE. 5TH FLOOR
CITY-ST-ZIP MIAMI, FL 33169

TITLE D
NAME WILSON, PAULETTE
STREET ADDRESS 15830 NW 17 COURT
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE D
NAME MILLER, JERRY
STREET ADDRESS 8221 NW 198 STREET
CITY-ST-ZIP HIALEAH, FL 33015

000000141374
04/29/04-80009-002 158.75

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IN THIS SPACE**

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 _____

Willie Logan

Willie Logan

4/28/04 (305) 1-87 3915