

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 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



03082005 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, 2005 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

000000345992  
04/30/05-80058-006 158.75

**DO NOT WRITE  
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:

Stephanie Williams-Baldwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 687-3545

Date

Daytime Phone #