

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000035956

FILED  
Jan 07, 2012  
Secretary of State

Entity Name: VILLA ESPERANZA APARTMENTS, INC.

**Current Principal Place of Business:**

490 OPA LOCKA BLVD.  
SUITE 20  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

490 OPA LOCKA BLVD.  
SUITE 20  
OPA LOCKA, FL 33054

**New Mailing Address:**

FEI Number: 65-0793762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WILLIAMS-BALDWIN, STEPHANIE  
490 OPA-LOCKA BOULEVARD  
20  
OPA-LOCKA, FL 33054 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SVP  
Name: WILLIAMS-BALDWIN, STEPHANIE  
Address: 490 OPA LOCKA BLVD.#20  
City-St-Zip: OPA LOCKA, FL 33054

Title: PD  
Name: LOGAN, WILLIE F JR.  
Address: 490 OPA-LOCKA BOULEVARD  
City-St-Zip: OPA-LOCKA, FL 33054

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHANIE WILLIAMS-BALDWIN

SVP

01/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date