

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90268 024 ***150.00

DOCUMENT # P98000104827

1. Entity Name
PUEBLO VIEJO, INC.



Principal Place of Business
**291 SW PORT ST. LUCIE BLVD.
 PORT ST. LUCIE, FL 34984**

Mailing Address
**291 SW PORT ST. LUCIE BLVD.
 PORT ST. LUCIE, FL 34984**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



04032007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0878782 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTINEZ, JAVIER A
 291 SW PORT ST LUCIE BLVD
 PORT SAINT LUCIE, FL 34984**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MARTINEZ, JAVIER A	
STREET ADDRESS	2371 SW LAWFORD ST	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, LUIS	
STREET ADDRESS	129 NE NARANJA AVE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, FRANCISCO	
STREET ADDRESS	3221 WINDSOR ESTATES DRIVE	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Javier Martinez* **JAVIER MARTINEZ** **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-16-07** Daytime Phone # **772-336-5050**