## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # M06890** 1. Entity Name DEVILLA INVESTMENTS CORP.



**FILED** Feb 23, 2006 08:00 AM Secretary of State

Principal Place of Business

1305 SW 30 AV MIAMI, FL 33145 Mailing Address

C/O IVAN A GOMEZ, ESQ 601 BRICKELL KEY DRIVE MIAMI, FL 33131 US



X

DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 02022006 No Chg-P

4. FE) Number 59-2563302 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IAG CORP. SERVCES, INC. 601 BRICKELL KEY DRIVE, STE 507 MIAMI, FL 33133			Me Approximation of the Control of t	IN THIS SPACE			
the obligation	amed entity submits this statement for the priss of registered agent.		ed office or re	gistered agent, or boi	h, in the State of Florida. ) arr	familiar with, and accept	
FILE	NOWIII FEE IS \$150.00 1, 2006 Fee will be \$550.00	Propicates Profit Registers     Profit Registe	ncing	\$5.00 May Be Added to Fees	DATE		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 1	OFFICERS AND DIRECT PTD CIMADEVILLA, MANUEL 1305 S.W. 30 AVENUE AIAMI, FL CIMADEVILLA, DIGNORA 1305 S.W. 30 AVENUE AIAMI, FL	TORS	**************************************		03/06/06-80005-	006 158.75	
TITLE NAME STREET ADDRESS CITY-ST-2;P TITLE NAME STREET ADDRESS CITY-ST-2;P				· -	NOT WRIT	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE							

12. I hereby certify that the information supplied with this filing does not quality 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 slosature 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 equired 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 propriete empowered.

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NAME STREET ADDRESS CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-371-9213

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