2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000062649

MIAMI, FL 33131

City-St-Zip:

Entity Name: VILLARICA, INC.

FILED Mar 27, 2007 Secretary of State

Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
2 SOUTH BISCAYNE BLVD SUITE 3400 MIAMI, FL 33131			SUITE 580	806 DOUGLAS ROAD SUITE 580 CORAL GABLES, FL 33134	
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
2 SOUTH BISCAYNE BLVD SUITE 3400 MIAMI, FL 33131			SUITE 580	806 DOUGLAS ROAD SUITE 580 CORAL GABLES, FL 33134	
FEI Number	: 65-1041717	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Addre	ess of New Registered Agent:	
GY CORP. SRVS, INC 2 SOUTH BISCAYNE BLVD SUITE 3400 MIAMI, FL 33131 US			806 DOUGLAS R SUITE 580	REGISTERED AGENT CORPORATE SERVICES, INC. 806 DOUGLAS ROAD SUITE 580 CORAL GABLES, FL 33134 US	
	e named entity e of Florida.	submits this statement for the	purpose of changing its regis	stered office or registered agent, or both,	
SIGNATURE: REGISTERED AGENT CORPORATE SERVIC			SERVICES, INC.	03/27/2007	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	ZUCCOLILLO,	AYNE BLVD SUITE 3400	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ZUCCOLILLÒ,	CAYNE BLVD, SUITE 3400	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	ZUCCOLILLÒ,	CAYNE BLVD, SUITE 3400	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	ZUCCOLILLO,) Delete GLAYDS AYNE BLVD, SUITE 3400	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ANTONIO ZUCCOLILLO P 03/27/2007