

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000057973

FILED
Mar 17, 2005
Secretary of State

Entity Name: LAVILA FLORIDA CORPORATION

Current Principal Place of Business:

1300 BRICKELL AVE
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1300 BRICKELL AVE
MIAMI, FL 33131

New Mailing Address:

FEI Number: 03-0397709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, MILAGROS
1300 BRICKELL AVE
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RVEDA, OSWALDO J
Address: 1300 BRICKELL AVE
City-St-Zip: MIAMI, FL 33131

Title: S () Delete
Name: DE JUGO, REJINA
Address: 1300 BRICKELL AVE
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JUGO RUEDO, OSWALDO
Address: 1300 BRICKELL AVE
City-St-Zip: MIAMI, FL 33131

Title: S (X) Change () Addition
Name: DE JUGO, L. PIERINA
Address: 1300 BRICKELL AVE
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: OSWALDO JUGO

PD

03/17/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date