

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000082619

FILED
Mar 28, 2008
Secretary of State

Entity Name: 106 WEST PALM VILLAS CORP.

Current Principal Place of Business:

6950 NW 186TH STREET
NO 301
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

6950 NW 186TH STREET
NO 301
MIAMI, FL 33134

New Mailing Address:

FEI Number: 20-5077876 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOLEDO, ELIO MR.
6950 NW 186 STREET
301
MIAMI, FL 33015 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: PSTD () Delete
Name: TOLEDO, ELIO
Address: 7820 WEST 5TH LANE
City-St-Zip: HIALEAH, FL 33014

Title: D () Delete
Name: TOLEDO, ELIO
Address: 7820 WEST 5TH LANE
City-St-Zip: HIALEAH, FL 33014

Title: VPST () Delete
Name: TOLEDO, BARBARA
Address: 7820 WEST 5TH LANE
City-St-Zip: HIALEAH, FL 33014

Title: D () Delete
Name: TOLEDO, BARBARA
Address: 7820 WEST 5TH LANE
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: ELIO TOLEDO

PSTD

03/28/2008

Electronic Signature of Signing Officer or Director

_____ Date