

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000071185

Entity Name: VILLA MANAGEMENT CORP.

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

999 PONCE DE LEON BLVD.  
SUITE 735  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

999 PONCE DE LEON BLVD.  
SUITE 735  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 59-1972081

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EUGENIO DUARTE, P.A.  
999 PONCE DE LEON BLVD.  
SUITE 735  
CORAL GABLES, FL 33134 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MENENDEZ, JUAN C  
Address: 999 PONCE DE LEON BLVD., SUITE 735  
City-St-Zip: CORAL GABLES, FL 33134

Title: T  
Name: MENENDEZ, NICHOLAS  
Address: 999 PONCE DE LEON BLVD., SUITE 735  
City-St-Zip: CORAL GABLES, FL 33134

Title: S  
Name: MENENDEZ, JOSE A  
Address: 999 PONCE DE LEON BLVD., SUITE 735  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: JUAN CARLOS MENENDEZ

PRES

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date