

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000061153

Entity Name: VILARINO PLAZA, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

1208 NORTH STATE ROAD 7
HOLLYWOOD, FL 33021

New Principal Place of Business:

6015 GARFIELD STREET
HOLLYWOOD, FL 33024

Current Mailing Address:

6015 GARFIELD STREET
HOLLYWOOD, FL 33021

New Mailing Address:

6015 GARFIELD STREET
HOLLYWOOD, FL 33024

FEI Number: 65-0432660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, IRVING J.
6015 GARFIELD ST
HOLLYWOOD, FL 33024 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: P () Delete
Name: VILARINO, ANTONIO
Address: 5870 SW 76 AVE
City-St-Zip: DAVIE, FL 33328

Title: VP () Delete
Name: VILARINO, NILDA E.
Address: 5870 SW 76 AVE
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ANTONIO VILARINO

P

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date