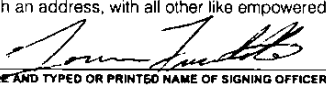


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90026 044 ***150.00

DOCUMENT # P00000062649 1. Entity Name VILLARICA, INC.					
Principal Place of Business 806 DOUGLAS ROAD SUITE 580 CORAL GABLES, FL 33134			Mailing Address 806 DOUGLAS ROAD SUITE 580 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # 355 Alhambra Cricle		3. Mailing Address 355 Alhambra Circle			
Suite, Apt. #, etc. Suite 801		Suite, Apt. #, etc. Suite 801			
City & State Coral Gables, Florida		City & State Coral Gables, Florida			
Zip 33134		Country U.S.		4. FEI Number 65-1041717	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent REGISTERED AGENT CORPORATE SERVICES, INC. 806 DOUGLAS ROAD SUITE 580 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 355 Alhambra Circle Suite 801 City Coral Gables FL Zip Code 33134		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUCCOLILLO, ANTONIO <input checked="" type="checkbox"/> Delete 2 SOUTH BISCAYNE BLVD SUITE 3400 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete ZUCCOLILLO, ANTONIO 2 SOUTH BISCAYNE BLVD, SUITE 3400 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS <input type="checkbox"/> Delete ZUCCOLILLO, LORENA 2 SOUTH BISCAYNE BLVD, SUITE 3400 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ZUCCOLILLO, LORENA c/o 355 ALHAMBRA CIRCLE, STE 801 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete ZUCCOLILLO, GLAYDS 2 SOUTH BISCAYNE BLVD, SUITE 3400 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ZUCCOLILLO, AGLEADYS c/o 355 ALHAMBRA CIRCLE, SUITE 801 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date 2/28/08		Daytime Phone # 786 364 8400