2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2009
Secretary of State

DOCUMENT# 770651

Entity Name: VILLA LA PAZ, INC.

Current Principal Place of Business:

5000 GULF BOULEVARD
#503
ST PETERSBURG, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

5000 GULF BOULEVARD
#503
ST PETERSBURG, FL 33706 US

New Mailing Address:

FEI Number: 59-2344266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LAZZARA, MICHAEL A
5000 GULF BLVD.
APT. 503
ST PETE BEACH, FL 33706 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: PD ( ) Delete
Name: LAZZARA, MICHAEL
Address: 5000 GULF BLVD., APT 503
City-St-Zip: ST PETE BEACH, FL

Title: VD ( ) Delete
Name: LAZZARA, ANTHONY, JR
Address: 5000 GULF BLVD #503
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: STD ( ) Delete
Name: SMITH, RICHARD
Address: 2619 TORONTO ST
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LAZZARA, MICHAEL A MR.
Address: 5000 GULF BLVD., APT 503
City-St-Zip: ST PETE BEACH, FL 33706

Title: VD (X) Change ( ) Addition
Name: LAZZARA, ANRTHONY, JR DR.
Address: 5000 GULF BLVD #503
City-St-Zip: SAINT PETERSBURG, FL 33706

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LAZZARA DIR 07/29/2009
Electronic Signature of Signing Officer or Director Date