

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000675

FILED
Aug 13, 2009
Secretary of State

Entity Name: VILLA MAGNA HOLDINGS LTD CORP.

Current Principal Place of Business:

505 FIFTH AVE 22ND FL
NEW YORK, NY 10017

New Principal Place of Business:

Current Mailing Address:

505 FIFTH AVE 22ND FL
NEW YORK, NY 10017

New Mailing Address:

FEI Number: 11-3758951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICES COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: KURNEV, MIKHAIL
Address: 505 FIFTH AVE 22ND FL
City-St-Zip: NEW YORK, NY 10017

Title: SECT () Delete
Name: COHEN, MICHAEL
Address: 505 FIFTH AVE 22ND FL
City-St-Zip: NEW YORK, NY 10017

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: MS. () Change (X) Addition
Name: DIANE DE VITA, AUTH. REP.
Address: 505 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10017

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: DIANE DE VITA

MS.

08/13/2009

Electronic Signature of Signing Officer or Director

Date