


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 A
Secretary of State

DOCUMENT # K34809 1. Entity Name LAS VILLAS, INC.	
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Principal Place of Business C/O TONY'S LIQUORS 5366 PALM AVENUE HIALEAH, FL 33012	Mailing Address C/O TONY'S LIQUORS 5366 PALM AVENUE HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE



02242007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0074409	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEREZ ANTONIO 7245 N AUGUSTA DR MIAMI, FL 33015	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, ORESTES 661 E. 56 ST. HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEREZ, ANTONIO 7245 N AUGUSTA DR MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, ROSA 661 E. 56 ST. HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/21/07-80002-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **ANTONIO PEREZ** **3-7-07 305 823 4120**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #