4/25/2002-90006-010-\$50.00-\$50.00

DOCUMENT # LO100 1. Entity Name VILLA FRANCINE ILC	√	OZ NOV -5 SECRE MANY O	PH 12: 35		
Principal Place of Business	Mailing Address		- 	LURIDA.	
701 WEST CYPRESS CREEK ROAD SUITE 303 FT. LAUDERDALE FL 33309	701 WEST CYPRESS C SUITE 303	701 WEST CYPRESS CREEK ROAD			
2. Principal Place of Business	3. Mailing Address Sulte, Apt. #, etc. City & State				
Suite, Apt. #, etc.			 ·	T WRITE IN THIS SPACE	44.014.116.146.
City & State			4. FEI Number 65-1141818 Applied For Not Applied Por		
. Zip Country	Zip	Country	5. Certificate of Status Des	sired 55.00	Not Applicable Additional
6. Name and Address of Cur	rrent Registered Agent		7. Name and Address of	Fee Rec	uired
KODSI, ISAAC		Name	······································		
701 CYPRESS CREEK ROAD SUITE 303		Street Address	ess (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33309		City		FL Zip C	Code
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above named entity submits this stateme	ent for the purpose of changing i	its registered office or regis	stered agent, or both, in the State	of Florida.	-
 The above named entity submits this statements 	ent for the purpose of changing i	its registered office or regis	stered agent, or both, in the State	of Florida.	
SIGNATURE Signature, typed or printed name of registered		its registered office or regis		of Florida.	
SIGNATURE	egent and title if applicable. (INC FILE I Make Check F	OTE: Registered Agent signature requirements of the State	wired when rehatating)		
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