## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L61425

Entity Name: VILLAGE DEVELOPMENT INC.

FILED May 01, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1200 PONCE DE LEON BOULEVARD 1200 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134

FIRST FLOOR

CORAL GABLES, FL 33134

**Current Mailing Address:** New Mailing Address:

1200 PONCE DE LEON BOULEVARD 1200 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134

FIRST FLOOR

CORAL GABLES, FL 33134

FEI Number: 59-2044626 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAULIN, KURT A GAMBIN, FRANCISCO A 1200 PÓNCE DE LEON BOULEVARD

1200 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134 FIRST FLOOR

CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: FRANCISCO A. GAMBIN 05/01/2007

> 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: **PSTD** ( ) Delete Title: (X) Change ( ) Addition

BOSCHETTI, RAFAEL J Name: Name: BOSCHETTI, RAFAEL J 1200 PONCE DE LEON BOULEVARD 1200 PONCE DE LEON BOULEVARD, 1ST FLOOR Address: Address:

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

Title: Title: VD (X) Change ( ) Addition () Delete

BOSCHETTI, JOSE R Name: BOSCHETTI, JOSE R Name:

1200 PONCE DE LEON BOULEVARD 1200 PONCE DE LEON BOULEVARD, 1ST FLOOR Address: Address:

CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 City-St-Zip: 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE R. BOSCHETTI VD 05/01/2007