


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90069 014 \*\*\*150.00

<b>DOCUMENT # M13069</b> 1. Entity Name <b>VILEN CORP.</b>		
Principal Place of Business <b>2929 E COMMERCIAL BLVD PENTHOUSE-A FT. LAUDERDALE, FL 33308</b> <i>3000 N. Univ. Dr. Suite 1 Coral Springs, FL 33065</i>		Mailing Address <b>VECCHIO, JOSEPH, ESQUIRE 2929 E COMMERCIAL BLVD. FT. LAUDERDALE, FL 33308</b> -US <i>33065</i>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent <b>VECCHIO, JOSEPH A. 2929 E COMMERCIAL BLVD PENTHOUSE-A FT. LAUDERDALE, FL 33065</b> <i>3000 N. University Dr. Suite 1 Coral Springs, FL 33065</i>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SCAROLA, LEONARD <i>3000 N. Univ. Dr. Suite 1 Coral Springs, FL 33065</i> <b>2929 E COMMERCIAL BLVD. PH-A FT. LAUDERDALE, FL 333084312</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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.		
<b>SIGNATURE:</b> <i>Leonard Scarola</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>4-11-07 954-491-8364</b> Date Daytime Phone #

40074610



04102007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-2732157	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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