2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/3/2004-91046-042-$150.00-$150.00

DOCUMENT # M76623

1. Entity Name
VILLA MARINA, INC.

FILED
'04 JUN 10 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1723 LAKEWOOD RANCH BLVD BRADENTON, FL 34211 US	500 LILLIAN DRIVE MADEIRA BEACH, FL 33708

04212004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-2888738
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLANDREA, ANTONIO
1723 LAKEWOOD RANCH BLVD
BRADENTON, FL 34211

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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 _____ 6-7-04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COLANDREA, ANTONIO
STREET ADDRESS	500 LILLIAN DRIVE
CITY-ST-ZIP	MADEIRA BEACH, FL
TITLE	S
NAME	COLANDREA, S. MARINA
STREET ADDRESS	500 LILLIAN DRIVE
CITY-ST-ZIP	MADEIRA BEACH, FL
TITLE	VP
NAME	COLANDREA, STEFANO
STREET ADDRESS	2173 BURNICE DR
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	VP
NAME	COLANDREA, IVANO
STREET ADDRESS	2173 BURNICE DR
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	VP
NAME	VERILO, PAULO
STREET ADDRESS	12042 TWIN BRANCH ACRES ROAD
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	VP
NAME	VERILO, LAURA
STREET ADDRESS	12042 TWIN BRANCH ACRES RD
CITY-ST-ZIP	TAMPA, FL 33626

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 COLANDREA 6-7-04 727 3934681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #