

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90029 026 ****61.25

DOCUMENT # N01000002149					
1. Entity Name VILLA AURORA, INC.					
Principal Place of Business 155 S MIAMI AVE STE 850 MIAMI, FL 33131			Mailing Address 155 S MIAMI AVE STE 850 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 2828 Coral Way Suite, Apt. #, etc. 500 City & State Miami FL Zip 33145 Country U.S.		3. Mailing Address 2828 Coral Way Suite, Apt. #, etc. 500 City & State Miami FL Zip 33145 Country U.S.			
4. FEI Number 65-1105783				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERMAN, STEPHANIE 155 SOUTH MIAMI AVE STE 850 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Berman Stephanie Street Address (P.O. Box Number is Not Acceptable) 2828 Coral Way # 500 City Miami FL Zip Code 33145		
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 <u>Stephanie Berman</u> DATE <u>1-24-08</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VC NAME JOHN, MESSER STREET ADDRESS 801 BRICKELL AVENUE, SUITE 2450 CITY-ST-ZIP MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE Chairman NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE C NAME TERE, GARCIA STREET ADDRESS 2601 S. BAYSHORE DR. 10TH FL CITY-ST-ZIP MIAMI, FL 33133	<input type="checkbox"/> Delete		TITLE VC NAME Alan Djeda STREET ADDRESS 1000 Brickell Ave #1109 CITY-ST-ZIP Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME CASALE, FRANKLYN STREET ADDRESS 16400 NW 32 AVENUE CITY-ST-ZIP MIAMI, FL 33054	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DANNER, STEPHEN STREET ADDRESS 1200 BRICKELL AVENUE, SUITE 700 CITY-ST-ZIP MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME DANNER, STEPHEN STREET ADDRESS 1200 BRICKELL AVE, SUITE 700 CITY-ST-ZIP MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME QUICK, LINDA S STREET ADDRESS 6363 TAFT STREET SUITE 200 CITY-ST-ZIP HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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: <u>Stephanie Berman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/24/08</u>		Daytime Phone # <u>305-371-8300</u>