

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N07000007708

Entity Name: MBCDC VILLA MATTI, INC.

Current Principal Place of Business:

945 PENNSYLVANIA AVE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

945 PENNSYLVANIA AVE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 26-0887892 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DATORRE, ROBERTO
945 PENNSYLVANIA AVE
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DATORRE, ROBERTO
Address: 945 PENNSYLVANIA AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: T () Delete
Name: TOMLIN, DONALD
Address: 945 PENNSYLVANIA AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: V () Delete
Name: KENNEDY, KARL
Address: 945 PENNSYLVANIA AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: ASMUNDSSON, JO
Address: 636 WEST 51ST TERRACE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: EHRLICH, BRIAN SCOTT
Address: 1508 BAY RD., NO. 1508
City-St-Zip: MIAMI BEACH, FL 33139

Title: CD () Delete
Name: HALL, ALLAN
Address: 3 ISLAND AVE., NO. 1511
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. M. TOMLIN

Electronic Signature of Signing Officer or Director

T

01/23/2009

Date