2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18635

Entity Name: VILLAGE BANK CENTER, INC.

FILED Feb 11, 2009 Secretary of State

Littly Nai	ille. VILLAGE	. DANK CENTER, INC.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
2100 W 76TH STREET SUITE #500		2100 W 76TH STREET SUITE HIALEAH, FL 33016 US			
304 HIALEAH, FL 33016 US					
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
10556 NW 203					
MIAMI, FL FEI Number:	33172 US : 65-0034981	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
ORLANDO, AROM 10566 NW 26TH ST D 203 DORAL, FL 33172 US			ORLANDO, ARROM	ORLANDO, ARROM 10566 NW 26TH ST D 203	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATURE: ORLANDO ARROM Electronic Signature of Registered Agent				02/11/2009	
			ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TD (MIZRAHI, RALI 2100 W 76 ST HIALEAH, FL (., STE. 304	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (RODRIGUEZ, 3 2100 W 76 ST HIALEAH, FL	REET #512	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ROS, MARIA) Delete 6TH ST 2ND FLOOR 33016	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name:	P (PARADELA, RI) Delete JBEN	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: RUBEN PARADELA P 02/11/2009

2100 W 76 ST., STE. 101

HIALEAH, FL 33016

Address: City-St-Zip: