2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # N43539 1. Entity Name VILLA TOSCANA AT CORAL GABLES, INC.				67	03-14-2008 90044 012 ****61.25			
Principal Place		Mailing Address 145 MADEIRA AVENUE		-				
	ES, FL 33134	206						
		CORAL GABLES, FL 3313	34		FR 11181 BY BY BRIDGE 1111			
2. Principal P	NOVO VICARO	3. Naijing Address	1200C					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02212008	Chg-NP CR2E03	37 (12/06)		
(P) 1/20"	1 MORSIA		Desit	4. FEI Number 65-03280	 14		plied For t Applicable	
3912	34 counts A	33134	PSA	5. Certificate of		\$8.75 Add Fee Required		
	6. Name and Address of Current R	egistered Agent		7. Name and As	dress of New Registered	Agent		
FERNANDEZ, SUSANA 145 MADEIRA AVENUE			Name Street N	pyrays (NO. Bax Vumby)	(Vol Rocceptable)			
206 CORAL GABLES, FL 33134								
	Λ		(Y)	al Cahr	FL	² 35	134	
8. The above	named entity subplits this statement for ions of registered agent.	the poppose of changing its re	gistered office or	registered agent, or both,	n the State of Florida. I am	familiar with,	and accept	
Surana Skiller 26						n P		
	YIXIXI UUUU X				$\omega \omega u$	10		
SIGNATURE .	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: R	Registered Agent signate	ure required when reinstating)	OATE DATE	70		
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: R			OATE Make check	c payable to	<u> </u>	
SIGNATURE .	Signature, typed or printed name of registered agent as Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	Make checi Florida Depar	tment of St	ate	
10.	Signature, typed or printed name of registered agent as Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRE	9. Election Camp Trust Fund Cor	aign Financing ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Make check	tment of St	10	
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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 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: _

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-08

Daytime Phone #