


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000005773 1. Entity Name VILLA LAGO DEVELOPMENT, INC.	
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Principal Place of Business 35801 SW 186 AVENUE FLORIDA CITY, FL 33034	Mailing Address PO BOX 343449 FLORIDA CITY, FL 33034
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DO NOT WRITE IN THIS SPACE



03212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0801824	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFE, LEON J
 C/O BERMAN WOLFE & RENNERT, P.A.
 100 SOUTHEAST SECOND ST SUITE 3500
 MIAMI, FL 33131-2130

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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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SEGOR, JOSEPH
STREET ADDRESS	12815 SW 112 COURT
CITY - ST - ZIP	MIAMI, FL 33176
TITLE	D
NAME	JENSEN, ROBERT
STREET ADDRESS	18640 SW 295 TERRACE
CITY - ST - ZIP	HOMESTEAD, FL 33030
TITLE	D
NAME	MAINSTER, STEVEN
STREET ADDRESS	PO BOX 343449 N/A
CITY - ST - ZIP	FLORIDA CITY, FL 33034
TITLE	D
NAME	JOGLAR, NORBERTO
STREET ADDRESS	PO BOX 343449 N/A
CITY - ST - ZIP	FLORIDA CITY, FL 33034
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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1180000530301
 04/25/05-80156-018 70.00

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 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:  **3/22/05 (305) 245-7738**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #