

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS-REPORT (UBR)**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90077 008 \*\*\*150.00

<b>DOCUMENT #</b> P00000100126	
<b>1. Entity Name</b>	
VILLA 3C HARBOR DRIVE CORP	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 7860 PETERS ROAD Suite, Apt. #, etc. F-110		<b>3. Mailing Address</b> 7860 PETERS ROAD Suite, Apt. #, etc. F-110	
<b>City &amp; State</b> PLANTATION, FL		<b>City &amp; State</b> PLANTATION, FL	
<b>Zip</b> 33324	<b>Country</b> USA	<b>Zip</b> 33324	<b>Country</b> USA

40105132

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-1049286	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> LAPLANA, LUIS	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 2655 LEJEUNE ROAD	
<b>SUITE 323</b>	
<b>City</b> CORAL GABLES	<b>FL</b> <b>Zip Code</b> 33134

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**

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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DVS BIGOTT, ANA 7860 PETERS ROAD, F-110 PLANTATION, FL 33324
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DPT LAPLANA, LUIS 2655 LEJEUNE ROAD, SUITE 323 CORALGABLES, FL 33134
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**11.**

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*[Signature]*

CPA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2007

Date

(954) 474-8889

Daytime Phone #