


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90004 039 ***158.75

DOCUMENT # P01000013493 1. Entity Name VILLA BERTA, INC.																											
Principal Place of Business 715 S SHORE DR MIAMI BEACH FL 33141		Mailing Address 715 S SHORE DR MIAMI BEACH FL 33141																									
2. Principal Place of Business 42 NW 27 Ave Suite, Apt. #, etc. Suite 400-1		3. Mailing Address S/A Suite, Apt. #, etc.																									
City & State MIAMI Florida Zip 33125 Country Dade		City & State Zip Country																									
4. FEI Number 65-1075210		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent VAN SICKLE, MARIA E 715 S SHORE DR MIAMI BEACH FL 33141																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VAN SICKLE, MARIA ELENA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>715 SOUTH SHORE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI BEACH FL 33141</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	VAN SICKLE, MARIA ELENA		STREET ADDRESS	715 SOUTH SHORE DRIVE		CITY-ST-ZIP	MIAMI BEACH FL 33141		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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MOORE CR2E034 (11/03)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/04 786-255-0675
305-541-2996