2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

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SIGNATURE:

Jun 03, 2004 8:00 am Secretary of State DOCUMENT # P01000026217 1. Entity Name 06-03-2004 90003 035 ***150 00 VILLA CONNECTION, INC. Principal Place of Business Mailing Address 1610 LENOX AVENUE, # 417 MIAMI BEACH FL 33139 1610 LENOX AVENUE, # 417 MIAMI BEACH FL 33139 54056541 CR2E034 (11/03) Applied For City & State 4. FEI Number 36-4429224 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FREY, AIME L- --1610 LENOX AVENUE, # 417 MIAMI BEACH FL 33139 City C 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 the obligations of registered agent. E: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete TITLE ☐ Addition FREY, AIME L NAME NAME STREET ADDRESS 1610 LENOX AVENUE, # 417 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33139 CITY-ST-ZIP Delete TITLE VΡ TITLE Change ☐ Addition NAME KONIA, BRADLEY S NAME 1610 LENOX AVENUE, # 417 STREET ADDRESS STREET ADDRESS MIAMI FL 33139 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 Block 11 if changed, or on an axachment with an address, with all other like empowered.

FILED