## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 02, 2007 08:00 AM Secretary of State **DOCUMENT # P01000078827** VALENTINA VILLASMIL P.A. Principal Place of Business Mailing Address 1521 ALTON ROAD #426 1521 ALTON ROAD #426 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 03282007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number · 65 i 129594 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VILLASMIL, VALENTINA DO NOT WRITE 1521 ALTON ROAD #426 MIAMI BEACH, FL 33139 IN THIS SPACE 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 algnature required when reinstating). DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE VILLASMIL, VALENTINA NAME STREET ADDRESS 1521 ALTON ROAD #426 CITY-ST-ZIP MIAMI BEACH, FL 33139 U00000685073 04/06/07-80059-004 150.00 STREET ADDRESS C!TY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 cettly 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 attachment with an address, with all other like empowered.

SIGNATURE: \_\_

STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/28/07

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Daytime Phone i