## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State DOCUMENT # P01000110720** 01-24-2006 90017 018 \*\*\*150.00 1. Entity Name VILLA PARMA INC. Principal Place of Business Mailing Address 40005533 11005 S. OCEAN DRIVE 1999 N MARSH RABBIT LANE JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01162006 City & State City & State 4. FEI Number Applied For 65-1153633 Not Applicable Zip Country Zip Country \$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 A GRZUNOV COOPER, KENNETH R Street Address (P.O. Box Number is Not Acceptable) 1999 N. MARSH RABBIT LN, JENSEN BEACH, FL 34957. 1999 NW MARSH RABBITLANG CITENSEN BEACH 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE TITLE Delete Delete Change ☐ Addition COOPER, KENNETH R NAME NAME STREET ADDRESS 1999 NW MARSH RABBIT LANE. STREET ADDRESS CITY-ST-ZIP JENSEN BEACH, FL 34957 CITY-ST-ZIP GERALDA CEZUNOV ACHANGE [1999 NU MARSHEABBITLANG TITLE ☐ Delete TITLE GRZUNOV, GERALD A NAME 1999 NW MARSH RABBIT LANE STREET ADDRESS STREET ADDRESS JONSEN BODGH, FL 34957 CITY-ST-ZIP JENSEN BEACH, FL 34957 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-7IP TITLE Delete ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ 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 exemptions contained in Chapter 119, Florida Statutes, I turther 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 attachment with an address, with all other like empowered.

FILED Jan 24, 2006 8:00 am