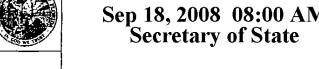
2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000116385 ZAVIL, CORP. Principal Place of Business Mailing Address 4121 COLLINS AVE APT. 6A 4121 COLLINS AVE APT. 6A





MIAMI BEACH, FE 33140 MIAMI BEACH, FE 33140				1 48 811 8 81 94	ı selbi iran esili selil se	::::::::::::::::::::::::::::::::::::::		
To provide the second			· · · · · · · · · · · · · · · · · · ·					
				09112008 No Chg-P CR2E034 (11/05)				
DO NOT WRITE IN THIS SPAC			CE	4. FEI Numb 65-115		Applied For Not Applicable		
				5. Certificate of Status Desired \$8.75 Addition Fee Required				
	6. Name and Address of Current Regi	stered Agent	<u> </u>		;			
GUILLERMO, VILLEGAS 4121 COLLINS AVE APT. 6A MIAMI BEACH, FL 33140				DO NOT WRITE IN THIS SPACE				
8 The above	named entity submits this statement for the	purpose of changing its registers	ed office or regi	stered agent, or bo	th, in the State of Flo	orida. Lam familiar with, and accept		
the obligations of registered agent SIGNATURE				U00000959844 09/18/08-80002-013 150.00				
Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10.	OFFICERS AND DIRE	CTORS			· · · · · ·	1.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLEGAS, GUILLERMO 4121 COLLINS AVE APT. 6A MIAMI BEACH. FL 33140							
TITLE NAME STREET ADDRESS CITY-ST-ZIP						·		
TITLE NAME			[
STREET ADDRESS CITY+ST-ZIP					DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE					
TITLE								
NAME STREET ADDRESS								
CITY-ST-ZIP								
TITLE NAME STREET ADDRESS								
12. I bereby (pertify that the information supplied with this	uling does not qualify for the exe	emptions contai	ned in Chapter 119	3. Florida Statutes 1	further certify that the information		
indicated	certify that the information supplied with this on this report or supplemental report is true	and accurate and that my signal	ture shall have t	he same legal offer	as if made under	oath, that I am an officer or director		

1stee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if address, with all other like empowered. of the corporation or the receive changed, or on an attachment

SIGNATURE: =

D NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #