## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000011463

MIAMI, FL 33167

City-St-Zip:

Entity Name: CONSUMER SUPPORTS ASSOCIATES VILLAS, INC.

FILED Feb 07, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
7900 NW 2 SUITE 232 MIAMI, FL	_		2323 NW 85 STREET MIAMI, FL 33147	2323 NW 85 STREET MIAMI, FL 33147	
Current M	lailing Addres	s:	New Mailing Addres	New Mailing Address:	
6840 NW MIAMI, FL	12 AVENUE 33150		2323 NW 85 STREET MIAMI, FL 33147		
FEI Number: 03-0374526		FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
6840 N.W. MIAMI, FL The above	named entity s		purpose of changing its registere	ed office or registered agent, or both,	
	e of Florida.				
SIGNATUI		ic Signature of Registered Ac	ront	 Date	
Election Car		g Trust Fund Contribution ( ).	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () GIVENS, WILLI 6840 NW 12 AV MIAMI, FL 331 SD ()	Delete E MARY /ENUE 50	Title: Name: Address: City-St-Zip: Title:	( ) Change ( ) Addition  ( ) Change ( ) Addition	
Name: Address:	MYERS, CHAN 11625 NW 22 A		Name: Address:		

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE MARY GIVENS PRES 02/07/2009