

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000011463

**FILED**  
**Apr 15, 2012**  
**Secretary of State**

**Entity Name:** CONSUMER SUPPORTS ASSOCIATES VILLAS, INC.

**Current Principal Place of Business:**

13211 NW 26 COURT  
MIAMI, FL 33167

**New Principal Place of Business:**

**Current Mailing Address:**

13211 NW 26 COURT  
MIAMI, FL 33167

**New Mailing Address:**

**FEI Number:** 03-0374526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIVENS, WILLIE MARY  
6840 N.W. 12TH AVENUE  
MIAMI, FL 33127 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GIVENS, WILLIE MARY  
Address: 6840 NW 12 AVENUE  
City-St-Zip: MIAMI, FL 33150

Title: VP  
Name: MYERS, CHANIKA C MS.  
Address: 6840 NW 12 AVENUE  
City-St-Zip: MIAMI, FL 33150

Title: D  
Name: MYERS, JOHNETHIA K MS.  
Address: 6840 NW 12 AVENUE  
City-St-Zip: MIAMI, FL 33150

I hereby 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 all other like empowered.

SIGNATURE: WILLIE MARY GIVENS

PRES

04/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date