2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 29, 2004 8:00 am **Secretary of State** DOCUMENT # P02000047382 1. Entity Name 01-29-2004 90018 005 ***150.00 VILLA CONSULTING, INC. Principal Place of Business Mailing Address 3501 KEYSER AVENUE 3501 KEYSER AVENUE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State 4. FEI Number 04-3655679 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent J. Ovenstein FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) **3732 N.W. 16TH STREET** FT. LAUDERDALE FL 33311-4132 Zip Code 3 302 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. the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D, P, CEO TITLE Change ☐ Addition ☐ Delete ORENSTEIN, RICHARD J NAME NAME 3501 KEYSER AVENUE #63 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-7IP CITY-ST-ZIP 1 Addition TITLE ☐ Defete TITLE ☐ Change TANET E. Orenstein NAME NAME Hollywood Fla 330 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3302/ TITLE Addition TITLE ☐ Delete NAME-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED