2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE** 

## FILED Feb 06, 2008 08:00 AM DOCUMENT # P02000047382 1. Entity Name **Secretary of State** VILLA CONSULTING, INC. Principal Place of Business Mailing Address 3864 SHERIDAN ST. HOLLYWOOD FL 33021 3864 SHERIDAN ST. HOLLYWOOD FL 33021 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 04-3655679 Not Applicable Zip Country Zιρ Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORENSTEIN, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 3864 SHERIDAN ST. HOLLYWOOD FL 33021 Zip Code 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 the obligations of registered agent. SIGNATURE DATE (NOTE Registered Agent aignoture required when reinstating) gnature, typed (Control name of registered agent and title if amplicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PCEO** Change ■ Addition TITLE Deicte TITL F ORENSTEIN, RICHARD J NAME NAME STREET ADDRESS STREET ADDRESS 3501 KEYSER AVENUE #63 HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Defete U00000819264 02/15/08-80077-006 150.00 NAME HALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TIFLE TITLE Derete NAME HARAS STREET ADDRESS STREET ADDRESS CITY - ST - 718 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete THE NAME NAME STREET ADDRESS STREET ADDRESS CrTY~ST~ZIP CITY-SI-ZIP TITLE Deiete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-S1-7IP TITLE ☐ Deiete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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 logal 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.