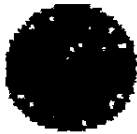


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000049221</b>	
1. Entity Name <b>VILLAGIO ENTERPRISES INC.</b>	

Principal Place of Business <b>8600 SW 86 AVENUE MIAMI, FL 33143</b>	Mailing Address <b>PO BOX 145035 CORAL GABLES, FL 33114-5035</b>
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03072006 No Chg-P CRZE034 (11/05)

4. FEI Number <b>01-0681147</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	


6. Name and Address of Current Registered Agent  <b>TASSI, GIANFRANCO 8600 SW 86 AVENUE MIAMI, FL 33143</b>
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*SAME*

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 	<b>GIANFRANCO TASSI</b>	DATE <b>3/8/06</b>
<small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TASSI, GIANFRANCO 8600 SW 86 AVENUE MIAMI, FL 33143 <i>SAME</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TASSI, MARIA A 8600 SW 86 AVENUE MIAMI, FL 33143 <i>SAME</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.		
SIGNATURE: 	<b>GIANFRANCO TASSI</b>	DATE <b>3/8/06</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>PRESIDENT</b>
		Daytime Phone # <b>(305) 273 0941</b>