

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000112895

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: VILLA AUTO SALES CORPORATION

## Current Principal Place of Business:

414 S. ORANGE BLOSSOM TRL  
ORLANDO, FL 32805 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 592998  
ORLANDO, FL 32839 US

## New Mailing Address:

FEI Number: 05-0536375

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RHODES, SPENCER  
126 E. JEFFERSON ST.  
ORLANDO, FL 32801 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SD (X) Delete  
Name: AVESCAT, JULES  
Address: 12320 HOLLY JANE CT.  
City-St-Zip: ORLANDO, FL 32824

Title: PT ( ) Delete  
Name: AVESCAT, VILLA  
Address: 12320 HOLLY JANE CT.  
City-St-Zip: ORLANDO, FL 32824

Title: VS ( ) Delete  
Name: AVESCAT, CLAUDETTE  
Address: 414 S. ORANGE BLOSSOM TRL  
City-St-Zip: ORLANDO, FL 32805 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DPT (X) Change ( ) Addition  
Name: AVESCAT, VILLA  
Address: 414 S. ORANGE BLOSSOM TRL  
City-St-Zip: ORLANDO, FL 32805 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VILLA AVESCAT

DPT

04/27/2005

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

\_\_\_\_\_  
Date