

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000012704 1. Entity Name TUSCANY VILLAS DEVELOPERS, INC.	
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Principal Place of Business 14600 S.W. 136RD STREET MIAMI, FL 33186	Mailing Address 14600 S.W. 136RD STREET MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3766221	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARRIS, ELLIOTT 111 S.W. 3RD STREET 6TH FLOOR MIAMI, FL 33130

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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.

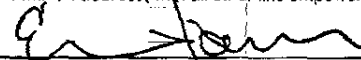
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1000000433163 02/24/06-80007-003 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA-CARRILLO, MICHAEL 14600 S.W. 136RD STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CASTELLANOS, RAIMUNDO 14600 S.W. 136RD STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARCIA-CARRILLO, PEDRO JR. 14600 S.W. 136RD STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIS, ELLIOTT 111 S.W. 3RD STREET, SIXTH FLOOR MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE:  Secretary	2/9/06	(305) 358-0146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Elliott Harris	Date	Daytime Phone #