


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90387 020 \*\*\*150.00

DOCUMENT # P03000077806	
1. Entity Name VILLABON, INC.	

Principal Place of Business 2665 S BAYSHORE DR STE 200 MIAMI, FL 33133	Mailing Address 2665 S BAYSHORE DR STE 200 MIAMI, FL 33133
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40075066



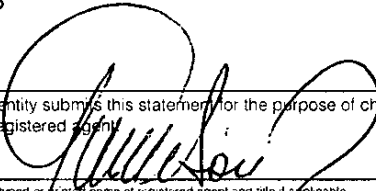
2. Principal Place of Business 6825 SW 81ST STREET Suite, Apt. #, etc.	3. Mailing Address 6825 SW 81ST STREET Suite, Apt. #, etc.
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04192006 Chg-P CR2E034 (11/05)

City & State MIAMI FL	City & State MIAMI, FL
Zip 33143	Country DADE

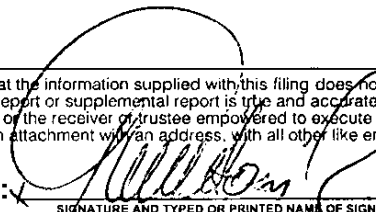
4. FEI Number 83-0375178	Applied For Not Applicable
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6. Name and Address of Current Registered Agent O'NAUGHTON, JUAN T 2665 S BAYSHORE DR STE 200 MIAMI, FL 33133	7. Name and Address of New Registered Agent Name GABRIEL VILLABON Street Address (P.O. Box Number is Not Acceptable) 6825 SW 81ST STREET City MIAMI FL Zip Code 33143
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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 X  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	GABRIEL VILLABON / PRESIDENT 4/19/06 DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLABON, GABRIEL 2665 S BAYSHORE DR STE 200 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILLABON, GABRIEL 6825 SW 81ST STREET MIAMI, FL 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	GABRIEL VILLABON / PRESIDENT 4/19/06 305-661-3357 Date Daytime Phone #