


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90180 014 ***150.00

DOCUMENT # P04000021163

1. Entity Name
VILLAGE BY THE BAY 12408, INC.



Principal Place of Business Mailing Address
 2999 N.E. 191ST STREET 2999 N.E. 191ST STREET
 SUITE 900 SUITE 900
 AVENTURA, FL 33180 AVENTURA, FL 33180

JUU40130

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.



04112005 Chg-P CR2E034 (10/03)

City & State City & State

Zip Country Zip Country

4. FEI Number
20-2709748

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCHIFFMAN, ADAM R ESQ.
 2999 N.E. 191ST STREET
 SUITE 900
 AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILANOVA, MARIA EUGENIA 2999 N.E. 191ST STREET SUITE 900 AVENTURA, FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIFFMAN, ADAM R 2999 N.E. 191ST STREET SUITE 900 AVENTURA, FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASTORGA VILANOVA, MELISSA C 2999 N.E. 191ST STREET SUITE 900 AVENTURA, FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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 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: _____ DATE: **4/29/05** DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment
#104000021163
50048138

DEPOSIT FORM

NAME: Ellen DATE: 4/21/05

- OLYMPIA TITLE OPERATING (FEES/COSTS)
- ARS OPERATING (FEES/COSTS)
- ARS SPECIAL TRUST ACCOUNT
- OLYMPIA TITLE TRUST #6321 (DISPLAY SOFT)
- ARS TRUST #5848
- ARS TRUST #6348 (DISPLAY SOFT)
- OLYMPIA TITLE TRUST ACCT #066004367

FILE NAME: Village of Maria Village by the Bay

FILE NO: 04-5494
\$400.00

MARIA E VITANOVA GARCIA 125
63-643/870
BRANCH 0019

Date: 4/18/05

Pay to the order of: Adam Schiffman, PA \$ 400.00
Four hundred with 00/100 Dollars

WACHOVIA
ACH RT 067006432

For Village by the Bay 12-400
Paul Hoffman (POA)

067006432 0073703022 0125