


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000021163**  
 1. Entity Name  
**VILLAGE BY THE BAY 12408, INC.**



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

Mailing Address  
**2999 N.E. 191ST STREET  
 SUITE 900  
 AVENTURA, FL 33180**

**DO NOT WRITE IN THIS SPACE**



02282006 No Chg-P CR2E034 (11/05)

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**

**DO NOT WRITE IN THIS SPACE**

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

**000000551863**  
**05/13/06-80118-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VILANOVA, MARIA EUGENIA
STREET ADDRESS	2999 N.E. 191ST STREET SUITE 900
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	SCHIFFMAN, ADAM R
STREET ADDRESS	2999 N.E. 191ST STREET SUITE 900
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	ASTORGA VILANOVA, MELISSA C
STREET ADDRESS	2999 N.E. 191ST STREET SUITE 900
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 officer like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/28/06** Daytime Phone # \_\_\_\_\_