


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90128 038 \*\*\*150.00

**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
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40092836



2. Principal Place of Business - No P.O. Box # 2750 NE 185th Street Suite, Apt. #, etc. 2nd Floor	3. Mailing Address 2750 NE 185th Street Suite, Apt. #, etc. 2nd Floor
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03132008 Chg-P CR2E034 (12/06)

City & State Aventura, FL	City & State Aventura, FL
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4. FEI Number 20-2709748	Applied For Not Applicable
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Zip 33180	Country	Zip 33180	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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  
**Schiffman, Adam R.**  
 Street Address (P.O. Box Number is Not Acceptable)  
 2750 NE 185th Street  
 2nd Floor  
 City  
**Aventura** FL Zip Code  
**33180**

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 4/29/08

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, 2008 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 <input type="checkbox"/> Delete VILANOVA, MARIA EUGENIA 2999 N.E. 191ST STREET SUITE 900 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ASTORGA VILANOVA, MELISSA C 2999 N.E. 191ST STREET SUITE 900 AVENTURA, FL 33180
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
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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vilanova, Maria Eugenia 2750 NE 185th Street, 2nd Floor Aventura, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Astorga Vilanova, Melissa C 2750 NE 185th Street, 2nd Floor Aventura, FL 33180
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 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: Maria Vilanova Date 3-13-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #