

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000040654

Entity Name: FOCACCIA VILLAGE, INC.

FILED
Aug 21, 2007
Secretary of State

Current Principal Place of Business:

9808 SW 77 AVE
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9808 SW 77 AVE
MIAMI, FL 33156

New Mailing Address:

FEI Number: 20-0827342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOAIZA, FABIAN
5600 SW 135 AVE #201
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TRIMPIN, GINA Q
Address: 15025 SW 96 TERR
City-St-Zip: MIAMI, FL 33196

Title: DST () Delete
Name: LOAIZA, FABIAN
Address: 5600 SW 135 AVE #201
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FABIAN LOAIZA

DST

08/21/2007

Electronic Signature of Signing Officer or Director

Date