


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000118575</b>		
1. Entity Name <b>VILLAZUL INVESTMENTS CORP</b>		

Principal Place of Business <b>9481 SW 9 TER MIAMI, FL 33174</b>	Mailing Address <b>9481 SW 9 TER MIAMI, FL 33174</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
<b>PEREZ, HORACIO J</b> <b>9481 SW 9 TER</b> <b>MIAMI, FL 33174</b>	

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 <i>Horacio Perez</i>	DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	TITLE	D.V.
NAME	PEREZ, HORACIO J	NAME	MARICELIS GONGORA
STREET ADDRESS	9481 SW 9 TER	STREET ADDRESS	9481 S.W. 9 Terrace
CITY-ST-ZIP	MIAMI, FL 33174	CITY-ST-ZIP	Miami FL 33174
TITLE	DV	TITLE	
NAME	FIGUEROA, ARAMIS	NAME	
STREET ADDRESS	9481 SW 9 TER	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33174	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.	
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SIGNATURE: <i>Horacio Perez</i>	DATE	Signature Photo
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FILED  
05 JUN -9 PM 1:06  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



06082005 Chg-P CR2E034 (10/03)

4. FEI Number <b>36-4559338</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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.	
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TITLE	DV	TITLE	
NAME	FIGUEROA, ARAMIS	NAME	
STREET ADDRESS	9481 SW 9 TER	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33174	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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