2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT #P04000156016

1. Entity Name
VILLA TATA GROUP HOME, INC.

Principal Place of Business	Mailing Address
~~9471 SW 30 TERRACE~~ ~~MIAMI, FL 33165~~	9471 SW 30 TERRACE MIAMI, FL 33165

FILED

06 MAY -3 AM 11: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05022006   Chg-P   CR2E034 (11/05)

2. Principal Place of Business 11511 SW 83 Terr	3. Mailing Address 11511 SW 83 Terr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FL	City & State
Zip 33173	Country
Zip 33173	Country

4. FEI Number 33-1105919 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

~~MENDOZA, ROSA L~~
~~9471 SW 30 TERRACE~~
~~MIAMI, FL 33165~~

7. Name and Address of New Registered Agent

Name: Norman Baltodano

Street Address (P.O. Box Number is Not Acceptable)
11511 SW 83 Terr

City: Miami   FL   Zip Code 33173

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 Due by September 6, 2006	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)

TITLE	PD	☒ Delete	TITLE	PD	☐ Change ☒ Addition
NAME	~~MENDOZA, ROSA L~~		NAME	Norman Baltodano	
STREET ADDRESS	~~9471 SW 30 TERRACE~~		STREET ADDRESS	11511 SW 83 Terr	
CITY-ST-ZIP	~~MIAMI, FL 33165~~		CITY-ST-ZIP	Miami, FL 33173	

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	200075028572	
CITY-ST-ZIP			CITY-ST-ZIP	05/22/06--01035--025 **150.00	

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #