


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90006 006 ***150.00

DOCUMENT # P05000048611	
1. Entity Name E. VILLA, INC	

Principal Place of Business 2149 SE FLORESTA DR PORT ST LUCIE, FL 34984 US	Mailing Address 2149 SE FLORESTA DR PORT ST LUCIE, FL 34984 US
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2. Principal Place of Business 2149 SE Floresta Dr.	3. Mailing Address 2149 SE Floresta Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Port St Lucie Fla.	City & State Port St Lucie Fla.
Zip 34984	Country US
Zip 34984	Country US



02272006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent ACCESS ACCOUNTING INC 432 SW LAKEHURST DR PORT ST LUCIE, FL 34983	
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: _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P VILLA, JORGE E 2149 SE FLOREST DR PORT ST LUCIE, FL 34984 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: E. Villa Date: 2-28-06 Daytime Phone #: 772 3592323