2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 24, 2007 8:00 am Secretary of State

DOCUMENT # P06000051808 1. Entity Name GIANNINA M. VILLA, P.A.							04-27-2007 90210 044 ***150.00				
Principal Place of Business Mailing Address						[66	0165	61		
3956 TOWN Suite 539 Orlando, Fi	CENTER BLVD L 32837	SU	56 TOWN CENTER BI ITE 539 LANDO, FL 32837	.VD,						128 I 8 F	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite. Apt. #. etc.			Suite, Apt. #, etc.			01052007	Chg-P	CR2E0	34 (12/06)		
City & State			City & State			4. FEI Number 20-4	131243	·	<u> </u>	polied For at Applicable	
Zip	Country	Zi	Zip Country			5. Certificate o	ol Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Cur	ent Registe	ered Agent			7. Name and	Address of New R	legistered A	gent		
				Name							
VILLA, GIANNINA M 3956 TOWN CENTER BLVD					Street Address (P.O. Box Number is Not Acceptable)						
SUITE 539											
ORLANDO, FL 32837					City FL Zip Co				Zip Code	e	
9. The above	named entity submits this stateme	ot for the ou	roose of changing its	renistered office	or register	red agent, or holf	n in the State of Ele		amiliar with	and accept	
	tions of registered agent.	in for the pa	ripose or changing its	egisteren samo	or registe	oo agam, or aoa	r, iii ii ka eskale e ii k	J. 100.	1311 mags 1411111	una accopt	
SIGNATURE.	WILL NA	_									
SIGNATORE	Signature, typed or printed name of regulared	to bid Drie harge	oppicabili (NOTE	Registered Agent sign	ature recurre	d when romstating)		DATE			
FIL After M	E NOWILL FEE IS \$150.00 ay 1, 2007 Fee will be \$5	50.00	9. Election Campai Trust Fund Contr			.00 May Be led to Fees					
10.	OFFICERS A	AND DIREC	TORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
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12. Thereby certify that the information supplied with this filling 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 eath; 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.

CITY-ST-ZIP

NAME STREET ADDRESS

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NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED SOME OF SIGNING OFFICER OR DIRECTOR

Deytime Phone 6