


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P06000054954 | |
| 1. Entity Name VILLAS FLORENCE, INC. | |
|  | |
| Principal Place of Business 1580 SAWGRASS CORPORATE PKWY.,SUITE 130 SUNRISE, FL 33323 | Mailing Address 1580 SAWGRASS CORPORATE PKWY.,SUITE 130 SUNRISE, FL 33323 |



04242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 20-4709335 | Applied For Not Applicable |
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

LEVY, LEON E ESQ.
5785-B NW 151ST ST.
MIAMI LAKES, FL 33014-2490

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD LEVY, LEON E 1580 SAWGRASS CORPORATE PKWY.,SUITE 130 SUNRISE, FL 33323 |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VSD BANDIN, JUAN CARLOS 1580 SAWGRASS CORPORATE PKWY.,SUITE 130 SUNRISE, FL 33323 |
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05/22/08-80056-008 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08
Date

Daytime Phone: #