## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## Secretary of State 02-06-2008 90028 013 \*\*\*150.00 DOCUMENT # P07000073951 1. Entity Name VILLÁ ENTERPRISES 2 INC 40018714 Principal Place of Business Mailing Address 15901 SW 42 TERRACE 15901 SW 42 TERRACE MIAMI, FL 33185 MIAMI, FL 33185 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302008 CR2E034 (12/06) 4. FEI Number 0439669 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VILLAMIL, MARIANELA Street Address (P.O. Box Number is Not Acceptable) 15901 SW 42 TERRACE MAMI, FL 33185 City 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 tered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 4 11. TITLE TITLE ☐ Change ☐ Addition Delete VILLAMIL, MARIANELA NAME NAME 15901 SW 42 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33185 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 Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 another like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

☐ Delete

☐ Change

Change

☐ Addition

Addition

FILED Feb 06, 2008 8:00 am