2011

FOR PROFIT CORPORATION ANNUAL REPORT

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11 MAY 27 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000112856

1. Entity Name
Villar Health Service Inc.

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000207294710
05/06/11--01007--021 **150.00

CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1501 SW 122 Avenue	1715 SW 101 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33184 Country: US	Zip: 33165 Country: US

4. FEI Number: 26-12 36168 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Nelson Villar

Street Address (P.O Box Number is Not Acceptable):
1501 SW 122 Avenue

City: Miami FL Zip Code: 33165

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: Nelson Villar. 05/23/11
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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

E-mail Address:
ddoorcakes@live.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	NELSON VILLAR
STREET ADDRESS	1501 SW 122 AVENUE
CITY-ST-ZIP	MIAMI FL 33184
TITLE	VICEPRESIDENT
NAME	MAGALIS VILLALBA
STREET ADDRESS	1501 SW 122 AVENUE
CITY-ST-ZIP	MIAMI FL 33184
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: Nelson Villar 05/23/11 7863666887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #