

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000010473

Entity Name: VILA'S III, CORP.

FILED
Jan 21, 2004
Secretary of State

Current Principal Place of Business:

1208 NORTH STATE ROAD 7
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

6015 GARFIELD STREET
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 65-0552927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, IRVING J
4431 S.W. 64TH AVENUE
SUITE 112
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VILLARINO, ANTONIO
Address: 1417 E. COMMERCIAL BLVD.
City-St-Zip: OAKLAND PARK, FL 33334

Title: VP () Delete
Name: VILARINO, NILDA E
Address: 1417 E. COMMERCIAL BLVD.
City-St-Zip: OAKLAND PARK, FL

Title: O () Delete
Name: VILARINO, NILDA A
Address: 1417 E. COMMERCIAL BLVD
City-St-Zip: OAKLAND PARK, FL

Title: O () Delete
Name: VILARINO, VILMA V
Address: 1417 E. COMMERCIAL BLVD
City-St-Zip: OAKLAND PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO VILARINO

PD

01/21/2004

Electronic Signature of Signing Officer or Director

Date