FILED 2005 FOR PROFIT CORPORATION Jan 26, 2005 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P95000016211 1. Entity Name VILLAS AL LAGO DEVELOPMENT CORP. Principal Place of Business Mailing Address 4725 SW 8TH STREET 4725 SW 8TH STREET MIAMI, FL 33134 MIAMI, FL 33134 CR2E034 (10/03) 01042005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0574751 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SARRIA, RICARDO 4725 SW 8TH ST MIAMI, FL 33134 IN THIS SPACE 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 it applicable DATE (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SARRIA, RICARDO NAMÉ 4725 SW 8 ST STREET ADDRESS U00000195961 MIAMI, FL 33134 CITY-ST-ZIP 01/26/05-80051-006 150.00 TITLE SARRIA, FRANCISCO NAME. STREET ADDRESS 4725 S.W. 8 STREET MIAMI, FL 33134 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

441-9412

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