## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 12, 2007 8:00 am Secretary of State **DOCUMENT # P95000065115** 03-12-2007 90101 013 \*\*\*150.00 VILABELLA MANAGEMENT, INC. Mailing Address Principal Place of Business -1000 BRICKELL AVENUE--1000 BRICKELL AVENUE -SUITE 900 ---- MIAMI, FL 33131 SUITE-900 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address P.O. BOX 8855 COLLIDS AVE 452336 Suite, Apt. #, etc. Suite, Apt. #, etc. 02192007 Chg-P CR2E034 (12/06) APT- 7-1 Applied For 4. FEI Number City & State City & State MIAMI 65-0630245 Not Applicable 5URFSIDE Country \$8.75 Additional 5. Certificate of Status Desired 332<u>45</u> Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SUAREZ, A Street Address (P.O. Box Number is Not Acceptable) 1000 BRICKELL AVENUE, SUITE 900 9280 Sw 21 Street MIAMI, FL 33131 MIAMI,FC 33/65 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. DPS ☐ Change ☐ Addition TITLE TiTLE ☐ Delete MEANA, C.R. NAME NAME 1000 BRICKELL AVE. STE 900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP 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

C.R. MEANA

address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maise

SIGNATURE:

FILED