


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90099 036 \*\*\*150.00

|                                      |  |   |
|--------------------------------------|--|---|
| DOCUMENT # P96000010133              |  |  |
| 1. Entity Name<br>VILLA ROMANA, INC. |  |   |

|   |   |
|---|---|
| <del>Principal Place of Business<br/>11469 NW 51ST LN<br/>MIAMI, FL 33178</del> | <del>Mailing Address<br/>11469 NW 51ST LN<br/>MIAMI, FL 33178</del> |
|---|---|

50025465



|   |  |
|---|--|
| 2. Principal Place of Business<br>8304 NW 30 TERRACE<br>Suite, Apt. #, etc. | 3. Mailing Address<br>11215 NW 75 TERRACE<br>Suite, Apt. #, etc. |
|---|--|

03082005 Chg-P CR2E034 (10/03)

|                           |                           |                             |  |
|---------------------------|---------------------------|-----------------------------|--|
| City & State<br>MIAMI FL. | City & State<br>DORAL FL. | 4. FEI Number<br>65-0643448 | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br>33122              | Country<br>USA            | Zip<br>33178                | Country<br>USA   |

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

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br>PARANZINO, MARCO C<br>11469 NW 51ST LN.<br>MIAMI, FL 33178 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL 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 the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>PARANZINO, MARCO C<br>11469 NW 51ST LN.<br>MIAMI, FL 33178 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>PARANZINO,<br>11215 NW 75 TERRACE<br>DORAL FL. 33178 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |

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: MARCO C. PARANZINO 03/08/05 305-4985671  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #