## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 23, 2006 8:00 am Secretary of State DOCUMENT # P96000010133 1. Entity Name 03-23-2006 90011 033 \*\*\*150.00 VILLA ROMANA, INC. Principal Place of Business Mailing Address 8304 NW 30 TERR 11215 NW 75 TERR MIAMI, FL 3122 DORAL, EK 33178 Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142006 CR2E034 (11/05) Chg-P City & State 4. FEI Number Applied For 65-0643448 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .... Name PARANZINO, MARCO C Street Address (P.O. Box Number is Not Acceptable) 11469 NW 51ST LN. MIAMI, FL 33178 1.00 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE ☐ Addition PARANZINO, MARCO C NAME NAME STREET ADDRESS 11215 NW 75 TERR STREET ADDRESS MIÀMI, FL 33178 CITY-ST-ZIP CITY+ST-ZIP Delete THE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby 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 phosphered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with ar

SIGNATURE: \_

FILED