2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2004 08:00 AM Secretary of State

DOCUMENT # P96000036382 1. Entity Name VILAC, INC.								Sec	retary	of S	tate	
Principal Place of Business 14233 S.W. 84 STREET MIAMI, FL 33183 US				Mailing Address 9990 SW 77 AVE STE 330 MIAMI, FL 33156 US								
2. Principal Place of Business			3,	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01242004	Chg-P	CR2E0:	34 (10/03)	<u></u>	
City & State				City & State		4, FEI Numb		<u> </u>		oplied For ot Applicable		
Zip	Country			Zip Coun		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current R				stered Agent	Name -	7. Name and Address of New Registered Agent are						
MARGOLIS, JOHN A ESQ 9990 SW 77 AVE					Street Address (P.O. Box Number is Not Acceptable)							
STE 330 MIAMI, FL 33156										1-0		
• The shour	nomad entit	to outsmite this statemy	ant for the	numana of changing its		City	and agent or h	in the State of E	FL	Zip Cod		
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	f or printed name of rogistered a	il applicable (NOTI	ed Agent signature require	ed when reinstating)	<u> </u>	DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.4									,			
10.	DP	OFFICERS A	ND DIRE		, 11.		ADDITIONS	CHANGES TO OF	FICERS AND			
NAME STREET ADDRESS	VIVES, MANUEL J NV 5 9651 SW 123RD AVE. SI					AE EFT ADORESS		Hanan	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	☐ Change	☐ Addition	
CITY-ST-ZIP	MIAMI, FL 33183					′-SΓ-2IP £		U00000035687 02/06/04-80029-西岛森多0西海和				
NAME STREET ADDRESS : CITY-ST-ZIP	NAA Sir					- 1			THE METER PROPERTY.	Afficialis, popularis (Silver Ann.	<u> </u>	
TITLE Name Street address	<u>.</u>					E ME EET ADDRESS				☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAMI STRE	IE EET ADORESS				Change	☐ Addition	
CITY-ST-ZIP ITILE NAME STREET ADDRESS				☐ Delete	TITLE	1		<u>*</u>		☐ Change	Addition	
CITY-ST-ZIP	<u></u>			□ Delata	CITY	-SI-ZIP				Change	- Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete						☐ Change	Addillon	
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 of changed, or on an attachment with an address, with all other like empowered												
SIGNATURE: MANUEL TATILLES SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/4/04 305-752-9688 Day time Priore #												