2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State

| DOCUMENT # P96000036382 1. Entity Name VILAC, INC. | | | | | | 05-04-2005 9 | 00134 047 | ***150 | 0.00 |
|--|--|---|-------------------|--|--|------------------------|-----------|-------------|------------|
| Principal Plac 14233 S.W. I MIAMI, FL 3 | Mailing Address 9990 SW 77 AVE STE 330 MIAMI, FL 33156 US | 90 SW 77 AVE E 330 AMI, FL 33156 US | | - | I ikiir riiii rriii ariii rriii | | | 111 (l (E1) | |
| 2. Principal Place of Business 10301 S.W. 130 Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | | | |
| City & State City & State | | | | | 03152005 4. FEI Numb | Chg-P | CR2E034 | <u> </u> | plied For |
| Miami, Florida | | The office | The state | | 65-0727727 Not Applicable | | | | |
| Zip 33 | 33186 Country U.S.A. | | Country | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent Name | | | | | |
| MARGOLIS, JOHN A ESQ | | | | | | | | | |
| 9990 SW 77 AVE 1. 3" STE 330 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| MIAMI, FL 33156 | | | | | | | | | |
| | | | | City 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 | | | | | | | | | |
| | Signature, typed or printed name of registered agent as | gent signature required | when reinstating) | | DATE | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution. | | | | | .00 May Be ed to Fees | | | | |
| 10. | OFFICERS AND DIRECTORS 11. | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | |
| TITLE . NAME | | | TITLE S | | _ | R. Vives | |] Change | Addition |
| STREET ADDRESS | 9651 SW 123RD AVE. STR | | STREET | ^{ADDRESS} Mia | | 130 Ave. rida 33186 | | | |
| CITY-ST-2IP | MIAMI, FL 33183 | | CITY-ST | -ZIP | , 120 | | | 3 81 | |
| TITLE NAME | | Defete | TITLE NAME | | | | L |) Change | ☐ Addition |
| STREET ADDRESS | • | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | ☐ Delete | CITY-ST | -217 | | · • | |] Change | ☐ Addition |
| NAME | | □ Dalete | NAME | - | | | _ | _ c.i.e.igo | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET. | ADORESS r-zip | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | |] Change | Addition |
| NAME STREET ADDRESS | | | NAME | ADDRESS | _ | | | | |
| CITY-ST-ZIP | | | CITY-ST | ı | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | Change | ☐ Addition |
| NAME STREET ADDRESS | | | NAME STREET | ADDRESS | | | | | |
| CITY+ST-ZIP | | | CITY-ST | r-ZIP | | | | | |
| TITLE NAME | | ☐ Delete | TITLE | | | | | Change | Addition |
| STREET ADDRESS | | | 1 | ADDRESS | | | | | |
| CITY-ST-ZIP | <u> </u> | | CITY-ST | I | | | | | |
| 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 chapter 607 or on an attachment with a faddress, with all other fixe empowered. | | | | | | | | | |