## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000037460

Entity Names DE EAZIONIULA DIEGTE LIQUI

Entity Name: DE FAZIO VILLA D'ESTE HOLDING CORP.

FILED Feb 21, 2009 Secretary of State

Current Principal Place of Business:  1154-83RD STREET BROOKLYN, NY 11228  Current Mailing Address:  1154-83RD STREET BROOKLYN, NY 11228  FEI Number: 11-2290276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()  Name and Address of Current Registered Agent:  LASALLE THOMAS L BSSS NORTH FEDERAL HIGHWAY, SUITE 405 FORT LAUDERDALE, FL 33308 US  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.  SIGNATURE:  Electronic Signature of Registered Agent  Date  Electronic Signature of Registered Agent  Date  Electronic Signature of Registered Agent  Date  Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  Title: P () Delete Title: () Change () Addition Name: 1154-83RD STREET Address: 1154-83RD STREET Address: 1154-83RD STREET City-S-Rzip: Title: VP () Delete Title: () Change () Addition Name: 1154-83RD STREET Address: 1154-83RD STREET City-S-Rzip: Title: () Change () Addition Name: Address: 1154-83RD STREET Address: 1154-83RD STREET City-S-Rzip: Title: () Change () Addition Name: Address: 1154-83RD STREET Address: 1154-83RD STREET City-S-Rzip: Title: () Change () Addition Name: Address: 1154-83RD STREET City-S-Rzip: Title: () Change () Addition Name: Address: 1154-83RD STREET City-S-Rzip: Title: () Change () Addition Name: Address: 1154-83RD STREET City-S-Rzip: Title: () Change () Addition Name: Address: 1154-83RD ST. City-S-Rzip: Title: () Change () Addition Name: Address: 1154-83RD ST. City-S-Rzip: Title: () Change () Addition Name: Address: 1154-83RD ST. City-S-Rzip: Title: () Change () Addition Name: Address: 1154-83RD ST. City-S-Rzip: Title: () Change () Addition Name: Address: 1154-83RD ST. City-S-Rzip: Title: () Change () Addition Name: Address: City-S-R						
Current Mailing Address:  New Mailing Address:  1154-83RD STREET BROOKLYN, NY 11228  FEI Number STREET BROOKLYN, NY 11228  FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  Address:  Date  Electronic Signature of Registered Agent  Date  Electronic Signature of Registered Agent  Date  Electronic Signature of Registered Agent  Date  Date  Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR:  Title:  P ( ) Delete  Name:  DEFAZIO, LAURENDE  Address:  1154-83RD STREET  City-St-Zip:  BROOKLYN, NY 11228  City-St-Zip:  Title:  D ( ) Delete  Name:  DEFAZIO, GROVANNA  Name:  Address:  DEFAZIO, MARK  Name:  Address:  DEFAZIO, MARK  Name:  Name:  DEFAZIO, MARK  Name:  Address:  DEFAZIO, ANDREW  Name:  DEFAZIO, ANDREW  Name:  Name:  DEFAZIO, ANDREW  Name:  DEFAZIO, ANDREW  Name:  DEFAZIO, ANDREW  Name:  Name:  DEFAZIO, ANDREW  Name:  Name:  DEFAZIO, ANDREW  Name:  Name:  Name:  Naddress:  DEFAZIO, ANDREW  Name:  Naddress:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Naddress:  Name:  N	Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
### PEI Number: 11-2290276   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )						
FEI Number: 11-2290276 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  Name and Address of Current Registered Agent:  LASALLE, THOMAS L  JOSSA NORTH FEDERAL HIGHWAY, SUITE 405 FORT LAUDERDALE, FL 33308 US  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.  SIGNATURE:  Electronic Signature of Registered Agent  Date  Date  Defection Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  Title:  P ( ) Delete  Name:  Address:  1154-93RD STREET  Dity-St-Zip:  BROOKLYN, NY 11228  City-St-Zip:  Title:  D ( ) Delete  Title:  D ( ) Delete  Title:  D ( ) Change ( ) Addition  Name:  Address:  City-St-Zip:  BROOKLYN, NY 11228  City-St-Zip:  Title:  D ( ) Delete  Title:  D ( ) Change ( ) Addition  Name:  Address:  City-St-Zip:  Title:  D ( ) Delete  Title:  D ( ) Change ( ) Addition  Name:  Address:  City-St-Zip:  Title:  D ( ) Delete  Title:  D ( ) Change ( ) Addition  Name:  Address:  City-St-Zip:  Title:  D ( ) Delete  Title:  D ( ) Delete  Title:  D ( ) Change ( ) Addition  Name:  Address:  City-St-Zip:  Title:  D ( ) Delete  Title:  D ( ) Change ( ) Addition  Name:  Address:  City-St-Zip:  Title:  D ( ) Change ( ) Addition  Name:  Address:  Title:  D ( ) Delete  Title:  D ( ) Change ( ) Addition  Name:  Address:  Title:  D ( ) Delete  Title:  D ( ) Change ( ) Addition  Name:  Address:  Title:  D ( ) Change ( ) Addition  Name:  Address:  Title:  D ( ) Change ( ) Addition  Name:  Address:  Title:  D ( ) Change ( ) Addition  Name:  Address:  Title:  D ( ) Change ( ) Addition  Name:  Name:  Address:  Title:  D ( ) Change ( ) Addition  Name:  Name:  Name:  Address:  Title:  D ( ) Change ( ) Addition  Name:	Current M	ailing Addres	ss:	New Mailing Addres	New Mailing Address:	
Name and Address of Current Registered Agent:  LASALLE, THOMAS L 5353 NORTH FEDERAL HIGHWAY, SUITE 405 FORT LAUDERDALE, FL 33308 US  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.  SIGNATURE:    Electronic Signature of Registered Agent   Date						
ASALLE, THOMAS L 5353 NORTH FEDERAL HIGHWAY, SUITE 405 FORT LAUDERDALE, FL 33308 US  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.  SIGNATURE:    Electronic Signature of Registered Agent	FEI Number:	11-2290276	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Sa53 NORTH FEDERAL HIGHWAY, SUITE 405 FORT LAUDERDALE, FL 33308 US  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.  SIGNATURE:    Electronic Signature of Registered Agent	Name and	Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:	
Electronic Signature of Registered Agent	5353 NOŔ FORT LAU	TH FEDERAL JDERDALE, FI	_ 33308 US			
Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR:  Itile: P ( ) Delete Name: DE FAZIO, LAURENCE Name: DE FAZIO, LAURENCE Name: DE FAZIO, GIOVANNA Name: DEFAZIO, GIOVANNA Name: DE FAZIO, MARK Name: DE FAZIO, GREGORY Name: DE FAZIO, ANDREW Name: Address: 1154 83RD ST. Addre			submits this statement for the purp	oose of changing its registere	d office or registered agent, or both,	
Election Campaign Financing Trust Fund Contribution ( ).  DFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  Itile: P ( ) Delete Name: DE FAZIO, LAURENCE Address: 1154-83RD STREET City-St-Zip: BROOKLYN, NY 11228  DEFAZIO, GIOVANNA Address: 1154-83RD STREET City-St-Zip: BROOKLYN, NY 11228  Title: D ( ) Delete Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: D ( ) Delete Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: D ( ) Delete Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: D ( ) Delete Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: D ( ) Delete Name: DE FAZIO, MARK Name: Address: City-St-Zip:  Title: D ( ) Delete Name: DE FAZIO, GREGORY Name: DE FAZIO, GREGORY Name: DE FAZIO, GREGORY Name: DE FAZIO, GREGORY Name: DE FAZIO, BROOKLYN, NY 11228  City-St-Zip: Title: ( ) Change ( ) Addition  Name: Address: ( ) Change ( ) Addition  Name: Ad	SIGNATUF	RE:				
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Title: P	Election Can	npaign Financin	g Trust Fund Contribution ( ).			
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	Name: Address:	DE FAZIO, AND 1154 83RD ST	DREW	Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY DEFAZIO D 02/21/2009