


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P97000022398</b> 1. Entity Name <b>LA VILLE DESIGN, CORP.</b>	
---	---

FILED  
 04 AUG -6 AM 10:25  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business <del>4728 SW 72 AVE</del> <del>MIAMI, FL 33155</del>	Mailing Address <del>4728 SW 72 AVE</del> <del>MIAMI, FL 33155</del>
--	--



2. Principal Place of Business <b>14854 S.W. 148 ST. CIRCLE</b>	3. Mailing Address <b>SAME</b>
--	-----------------------------------

08042004 Chg-P CR2E034 (10/03)

City & State <b>MIAMI FL.</b>	City & State (blank)	4. FEI Number <b>65-0739848</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33196</b>	Country <b>USA</b>	Zip (blank)	Country (blank)

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>ESCANILLA, MARIA</b> <b>11624 SW 135 PLACE</b> <b>MIAMI, FL 33186</b>	7. Name and Address of New Registered Agent Name <b>STEPHANIE GEMMELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>14854 S.W. 148 STREET CIRCLE</b> City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33196</b>
---	--

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: *Stephanie Gemmell* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESCANILLA, JAIME 11624 S.W. 135 PLACE MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <div style="text-align: center; font-size: 1.2em;">                         400040225844                          08/17/04--01005--015 **150.00                     </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD ESCANILLA, MARIA A 11624 S.W. 135 PLACE MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESCANILLA, CARLOS ALBERTO 11624 SW 135 PLACE MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(PRES) STEPHANIE GEMMELL 14854 S.W. 148 STREET CIRCLE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Stephanie Gemmell*      Date: \_\_\_\_\_      Daytime Phone #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR