## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 12, 2004 8:00 am Secretary of State DOCUMENT # P97000059979 1. Entity Name 04-12-2004 90644 040 \*\*\*163.75 VILLA ROYAL, INC. Principal Place of Business Mailing Address 162 ALCAZAR STREET ROYAL PALM BEACH FL 33411 162 ALCAZAR STREET 14006110 **ROYAL PALM BEACH FL 33411** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0790372 Not Applicable Zip Country Zip 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 MAZZOLA, VINCENT JR 162 ALCAZAR STREET Street Address (P.O. Box Number is Not Acceptable) **ROYAL PALM BEACH FL 33411** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE: mazzola Vincent III 162 aleazon st. TITLE Addition Delete NAME MAZZOLA, VINCENT JR NAME STREET ADDRESS 162 ALCAZAR STREET STREET ADDRESS Royal Palm Beach F1, 33411 CITY-ST-ZIP ROYAL PALM BEACH FL 33411 CITY-ST-ZIP T mazzola mania ☐ Change 🔼 Addition Delete TITLE NAME: NAME 162 aleazor st. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Vincent Ma 22010 4-6-04 798.22>0

NAME OF SIGNING OFFICER OR DIRECTOR Date (56/) Daytime Phone #

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