FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 21, 2005 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBR)						04-21-2005 90235 039 ***150.00		
DOCUMENT # 1. Entity Name			04-21-2003 90233 0	39	130.00			
VILLA ROYAL, INC					-4000##A00			
DO N	OT WRIT	E IN THIS	SPA	CE				
2. Principal Place of Business 162 Alcazar Street		3. Mailing Address			1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State Royal Palm Beach, FL		City & State		4. FEI Number 65-0790372			Applied For Not Applicat	
Zip 33411	Country	Zip	Co	ountry	5. 0	Certificate of Status Desired		\$8.75 Additional Fee Required
	· · · · · · · · · · · · · · · · · · ·			7. Na	me an	d Address of Current Re	giste	red Agent
			Name					
DO NOT WRITE				Vincent Mazzola, Jr				- /
L	0			dress (P.O. Box Number is Not Acceptable)				
IN THIS SPACE			E		Alcazar Street			
	- -							
				City Royal Palm B	Reach	FI		Zip Code 33411
	entity submits this am familiar with, and			hanging its reg		d office or registered agent	, or be	
SIGNATURE	ire, typed or printed name	of registered agent and ti	illo if poplicable	o (NOTE: Pagi	ntorod A	gent signature required when reins	totica\	DATE
	- May 1 Fee is \$150		ше в аррисари	e. (NOTE. Regis	Stered A	gent signature required when reins	(aung)	DATE
After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of Sta					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
Make Check Payabio	OFFICERS	AND DIRECTORS	11.		Щ.			
TITLE	P/S/T/D	THE DITECTOR		TLE,				
NAME	Vincent Mazzola, Jr.			NAME				
STREET ADDRESS				STREET ADDRES				
CITY-ST-ZIP TITLE	Royal Palm Beach	FL 33411		TY-ST-ZIP				
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NAME STREET ADDRESS				AME TREET ADDRES	ا ء			
CITY-ST-ZIP			_	TREET ADDRES))			
	the information supplie	d with this filing does	not qualify for	or the exemption	stated	in Section 119.07(3)(i), Florid	a Stat	utes. I further
certify that the inform	nation indicated on this	s report or supplemen	tal report is t	true and accurate	e and ti	nat my signature shall have the	e sam	e legal effect
as if made under oa	th; that I am an officer	or director of the corp	oration or th	e receiver or trus	stee en	powered to execute this report	t as re	equired by
Chapter 607, Florida	i Statutes; and that my	name appears in Blo	ck 10 or on a	an attachment wi	ith an a	iddress, with all other like emp	owere	ed.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date