

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90196 048 ***150.00

DOCUMENT # <u>P97000059979</u>	
1. Entity Name	
VILLA ROYAL, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
162 Alcazar Street		Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Royal Palm Beach, FL			
Zip	Country	Zip	Country
33411			

60036338

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
65-0790372		<input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	Zip Code
	FL	

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE	P/S/T/D	TITLE	
NAME	Vincent Mazzola, Jr.	NAME	
STREET ADDRESS	162 Alcazar Street	STREET ADDRESS	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Vincent Mazzola, Jr. **Vincent Mazzola, Jr.** Pres. 4-15-08 **561-798-2270**
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #