

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90249 015 \*\*\*150.00

DOCUMENT # P97000101764  
1. Entity Name  
VILLA EMMANUEL, INC.

|                             |                          |
|-----------------------------|--------------------------|
| Principal Place of Business | Mailing Address          |
| 14300 WEST DIXIE HIGHWAY    | 14300 WEST DIXIE HIGHWAY |
| NORTH MIAMI FL 33161        | NORTH MIAMI FL 33161     |

|                                       |                           |
|---------------------------------------|---------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b> |
|---------------------------------------|---------------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|                                    |                |
|------------------------------------|----------------|
| 4. FEI Number<br><b>65-0842579</b> | Applied For    |
|                                    | Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent7. Name and Address of New Registered Agent

DUVIGNEAUD, FRITZ G  
14300 W DIXIE HIGHWAY  
NORTH MIAMI FL 33161

|  |             |
|--|-------------|
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
|  |             |
| City   | FL 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11[illegible][illegible]

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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03 \_\_\_\_\_  
Date • Daytime Phone #

CR2E034 (10/02)