

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-05-2003 91865 028 ***158.75

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1. Entity Name
IL VILLAGGIO REALTY, INC.

Principal Place of Business
**1451 OCEAN DRIVE
SUITE 204
MIAMI BEACH FL 33139
US**

Mailing Address
**2 SOUTH BISCAYNE BLVD
STE 1800
MIAMI FL 33131
US**

80113853



2. Principal Place of Business

3. Mailing Address

1451 OCEAN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 204

City & State

City & State
MIAMI BEACH, FL

4. FEI Number **65-0863555**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country
33139 US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEREZ, RAFAEL A
2 SOUTH BISCAYNE BLVD
STE 1800
MIAMI FL 33131**

Name **RAFAEL A. PEREZ**
Street Address (P.O. Box Number is Not Acceptable)
**201 ALHAMBRA CIRCLE
SUITE 702**
City **CORAL GABLES FL** Zip Code **33134**

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 _____ (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 DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, ALEX A 2 SOUTH BISCAYNE BLVD, STE 1800 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARMENATE, ELOY 2 S BISCAYNE BLVD, STE 1800 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT AND DIRECTOR ALEX A. GARCIA 9211 KENDALE BOULEVARD MIAMI, FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AND DIRECTOR ELOY CARMENATE 12428 NORTH BAYSHORE DRIVE NORTH MIAMI, FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY AND DIRECTOR RAFAEL A. PEREZ 201 ALHAMBRA CIRCLE, #702 CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: **SIGNATURE REQUIRED** _____ Date **4/29/03** Daytime Phone # _____

CFR2E034 (10/02)