2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000062673

1. Entity Name
VILLA ISABEL ALF, CORP.



FILED Jan 24, 2008 08:00 AN Secretary of State

Principal Place of Business

7265 NW 5TH STREET MIAMI, FL 33126

Mailing Address

7265 NW 5TH STREET MIAMI, FL 33126



01112008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0850423 Applied Fo
Not Applica

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VILLAVERDE, MYRIAM I 7265 NW 5TH STREET MIAMI, FL 33126

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the obliga	e named entity submits this statement for the tions of registered agent.	purpose of changing its registered office or n	egistered agent, or bo	th, in the State of Florida. I am familiar with, and acc
SIĞNATURE.	Signature, typed or printed name of registered agent and tale	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS		
TITLE NAME	P VILLAVERDE, MYRIAM I			
STREET ADDRESS	7265 NW 5TH STREET			
CITY-ST-ZIP	MIAMI. FL 33126			UANAGOTARAN
TITLE	VP		nıy	U00000795238 28/08-80039-024,150:00
NAME	VARQUIN, LISSETT			
STREET ADDRESS CITY-ST-ZIP	7265 NW 5TH STREET			
	MIAMI, FL 33126			
NAME TITLE				
STREET ADDRESS				
City-St-ZIP			ีย	NOT WRITE
TITLE			Barania.	THIS SPACE
NAME			HV	IIIIO OFACE
STREET ADDRESS CITY-ST-ZIP				
TITLE NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	****		7 (1)	J00000795238 28708-80033-025-8.75
NAME			s es south	20/100701033702370.13
STREET ADDRESS				
CITY-ST-ZIP				2000年100日 100日 100日 100日 100日 100日 100日 1
12. Thereby o	certify that the information supplied with this fi	ling does not qualify for the exemptions con	tained in Chapter 119	Florida Statutes. I further certify that the informatic

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the informatic 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 direct 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 1 changed, or on an attachment with an address, with all other file empowered.