FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2003 8:00 am Secretary of State

752-0258

DOCUMENT # 798000071082							05-02-2003 90426 035 ***158.75				
RE	VILLA	GRO	UP, INC.	_/							
DO NOT WRITE IN THIS SPACE											
	Place of Business Kamore Lane #, etc.	e La	ne East	DO NOT WRITE IN THIS SPACE							
Plant C	ity tl	orida	Plant City		orida	4. FEI Nı	umber 65-085	5950		Applied For Not Applicable	
33566	Country	5.A.	^{Zip} 33566	Country	<u>.5.A.</u>	<u></u>	cate of Status Desired	t Pagistora	Fee Re	<u> </u>	
·	-	7. Name and Address of Current Registered Agent Name ORTIZ-GARCIA RICARDO Street Address (P.O. Box Number is Not Acceptable)									
	2103 Sycamore Lane East City Plant City FL 33566										
8. The above	named entity submits t	nis statement for	the purpose of changing its	registered	office or register	red agent. o	r both, in the State of F	lorida.			
SIGNATURE	Signature, typed or printed rem	e of registered agent ar	nd title V applicable. (NOTI	E: Registered A	ogent signature required	d when reinstagin	ŋ)	DATE			
9. This corporation is eligible to satisfy its Intangible 9 Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 After May 1, Fee Amended UBF Make Check Payable to					\$550.00 \$61.25)	Election Campaign F Trust Fund Contributi			55.00 May Be Added to Fees	
11. Iffle NAME STREET ADDRESS CITY-ST-IP	PD ORTIZ-GARCI 2103 SYCAN PLANT CIT	A, RICARD LORE CAN	OO UE EAST	TIFLE NAME STREET CITY-ST	ADORESS 1-zip			<u> </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET CITY-ST	ADDRESS 1-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET CITY-SI	adoress 1-21P		DO NOT	WRI	TE		
TITLE NAME STREET ADDRESS CHY-ST-289				TITLE NAME STREET. CITY-ST	address - Zip		IN THIS	SPA	CE		
TITLE NAME STREET ADDRESS CITY-ST-ZEP				TITLE NAME STREET	ADORESS - ZIP				, <u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				THILE NAME STREET (CITY-ST	ADDRESS - zip						
13. I hereby of indicated of the corrattachmen	certify that the informatio on this report or supple poration or the receiver nt with an address, with	n supplied with the mental report is to or trustee emporall other like emporall	his filing does not qualify for rue and accurate and that m pered to execute this report lowered	the exemp ly signature t as require	ntion stated in Sec e shall have the s ed by Chapter 60	ction 119.07 same legal e 07, Florida S	(3)(i), Florida Statutes. Iffect as if made under tatutes; and that my n	I further cer oath; that I is ame appear	tify that t am an off s in Bloc	he information licer or director ik 11 or on an 3)	