FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90176 001 ***150.00

1. Entity Nan	MENT # P9900004693				
The V	ilano Group, Inc.				
	DO NOT WRITE		PAGE	800874	100
160 Vi	Place of Business Lano Rd.	3. Mailing Address 160 Vilano R	d.		
Suite, Apt.	•	Suite, Apt. #, etc.		DO NOT WRITE IN THIS S	
St. Au	gustine, FL	City & State St. Augustin	e, FL	4. FEI Number 59–3591577	Applied For Not Applicable
Zip 32	084=	Zip 32084	Country		\$8.75 Additional Fee Required
	g demokratik digit kasalah kan kan kala kasa	and the second second	C 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7. Name and Address of Current Registered	Agent
	DO NOT W	ытЕ		Charles E.	
DO NOT WRITE			Street Address (P.O. Box Number is Not Acceptable)		
	IN THIS SP	AGERNAL	77 Almeri	la Street	
	and the second s		City St. Au	gustine FL	Zi3C084
	named entity submits this statement for tions of registered agent.	the purpose of changing its		ed agent, or both, in the State of Florida. I am fa	amiliar with, and accept
use obligat	dolla or registered agent.	5	•		7/03
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Agent signature required		7/03
Ja	nuary 1 - May 1 Fee is \$150:00		***************************************		
	After May 11Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of s	State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
Make Check 10.	After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of S OFFICERS AND D	POLICE C SURL COTTON	Company of the Control of the Contro		
Make Check	After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of S OFFICERS AND D P Smith, Shelia	DIRECTORS	TITLE J.	Trust Fund Contribution.	
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Make Check 10. TITLE NAME	After May 1 Fee is \$550.00 Amended UBR is \$61125 Payable to Florida Department of S OFFICERS AND D P Smith, Shelia 132 Randolph Gre	en 23185	TITLE	Trust Fund Contribution.	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF CER OR DIRECTOR

4-17-03 904-806-1757

Data Daytimo Phone #

3R2E034B (12