

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2006 8:00 am
Secretary of State

05-31-2006 90008 033 ***150.00

DOCUMENT # V27513

1. Entity Name
VILLA P., INC.



Principal Place of Business
2019-37 SE 5TH ST
DEERFIELD BEACH, FL 33441

Mailing Address
2040 S.E. 4TH ST.
DEERFIELD BEACH, FL 33441

50019968



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05162006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

65-0329861

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PISANI, VINCENT D
2040 S.E. 4TH ST.
DEERFIELD BEACH, FL 33441

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 \$550.00
Due by September 6, 2006

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 PD ☐ Delete
NAME PISANI, VINCENT D
STREET ADDRESS 5309 W. DEVON
CITY-ST-ZIP CHICAGO, IL 60646

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

Vincent D. Pisani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VINCENT D. PISANI

Date

4/25/06

Daytime Phone #

847-292-1242



ATTACHMENT
500/9968
Division of Corporations

Annual Report

Annual Report Help

Document Number

V27513

Business Entity Name

VILLA P., INC.

FBI Number

650329861

FBI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 2019-37 SE 5TH ST

Suite, Apt. #, etc.

City, State DEERFIELD BEACH, FL

Zip Code & Country 33441

Mailing Address

Address 2040 S.E. 4TH ST.

Suite, Apt. #, etc.

City, State DEERFIELD BEACH, FL

Zip Code & Country 33441

Name and Address of Registered Agent

Name (Last, First, Middle, Title) PISANI, VINCENT, D,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 2040 S.E. 4TH ST.

Suite, Apt. #, etc.

City, State DEERFIELD BEACH, FL

Zip Code & Country 33441 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

ATTACHMENT 50015968
#V27513

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PD
Name (Last, First, Middle, Title) PISANI VINCENT D
- OR -
Entity Name to serve as Officer/Director
Street Address 5309 W. DEVON
City, State CHICAGO IL
Zip Code & Country 60646 US

Title
Name (Last, First, Middle, Title)
- OR -
Entity Name to serve as Officer/Director
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
- OR -
Entity Name to serve as Officer/Director
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
- OR -
Entity Name to serve as Officer/Director
Street Address
City, State

Division of Corporations

ATTACHMENT

Page 3 of 3

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

PD

VINCENT D. PISANI

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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