

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V48861

**FILED
Aug 05, 2004
Secretary of State**

Entity Name: VILA AND SON TREE FARMS, INC.

Current Principal Place of Business:

18900 SW 232ND ST.
MIAMI, FL 33170 US

New Principal Place of Business:

Current Mailing Address:

20451 S.W. 216 STREET
MIAMI, FL 33170 US

New Mailing Address:

FEI Number: 65-0349370 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VILA, MARIA DEL PILAR
23315 S.W. 187 AVENUE
MIAMI, FL 33031 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARLOS VILA, JUAN
Address: 189 SW 232 ST
City-St-Zip: MIAMI, FL 33170

Title: VP () Delete
Name: VILA, MARIA D
Address: 23315 SW 187 AVENUE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA VILA

V

08/05/2004

Electronic Signature of Signing Officer or Director

_____ Date