


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 470578
1. Entity Name
VAMEL CORPORATION



Principal Place of Business: **1005 S.W. 87TH AVE
MIAMI, FL 33174**
Mailing Address: **663 FLAGAMI BLVD
MIAMI, FL 33144 US**

DO NOT WRITE IN THIS SPACE



02172008 No Chg-P CR2E034 (11/05)

4. FEI Number: **59-1614384** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**VEREZ, MANUEL J
663 FLAGAMI BLVD.
MIAMI, FL 33144**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST VEREZ, MANUEL J 663 FLAGAMI BLVD. MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PENEZ, MANUEL V 663 FLEGAMI BLVD MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEREZ, ILEANA V 663 FLAGAMI BLVD MIAMI, FL 33144
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IN THIS SPACE**

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: *Manuel J Verez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-06 *305-860-6727*
Date Daytime Phone #