

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047319

FILED
Apr 30, 2008
Secretary of State

Entity Name: VINC, INC.

Current Principal Place of Business:

150 S.E. 2ND AVE STE 1010
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

150 S.E. 2ND AVE STE 1010
MIAMI, FL 33131

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLOGNA, STEFANIA
150 S.E. 2ND AVE STE 1010
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POLANI, MARCO
Address: CORSO TRAPANI 150
City-St-Zip: TORINO, ITALY 10151,

Title: D () Delete
Name: MESSORIANO, FULVIO
Address: CORSO TRAPANI 150
City-St-Zip: TORINO, ITALY 10151,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: VINCELLI, ROBERTO
Address: 1060 BRICKELL AVENUE, #1703
City-St-Zip: MIAMI, FL 33131

Title: AS (X) Change () Addition
Name: FALBO, STEFANO
Address: 5151 COLLINS AVENUE, #1419
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERTO VINCELLI

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04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date