

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047319

Entity Name: VINC, INC.

FILED
Apr 22, 2009
Secretary of State

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

Title: AS () Delete
Name: FALBO, STEFANO
Address: 5151 COLLINS AVENUE, #932
City-St-Zip: MIAMI BEACH, FL 33139

Title: DVT () Delete
Name: BOSIO, ROBERTO
Address: 1060 BRICKELL AVENUE, #1703
City-St-Zip: MIAMI, FL 33140

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 US

Title: AS (X) Change () Addition
Name: FALBO, STEFANO
Address: 5151 COLLINS AVENUE, #932
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: DVT (X) Change () Addition
Name: BOSIO, ROBERTO
Address: 1060 BRICKELL AVENUE, #1703
City-St-Zip: MIAMI, FL 33140 US

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: VINCELLI, ROBERTO

_____ Electronic Signature of Signing Officer or Director

P

04/22/2009

_____ Date