

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000086203

Entity Name: VONAFIDE INC.

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

9729 SAVANNAH ESTATES DRIVE  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

9729 SAVANNAH ESTATES DRIVE  
LAKE WORTH, FL 33467

**New Mailing Address:**

FEI Number: 45-3627447

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

MYRA GOLDICK  
9729 SAVANNAH ESTATES DRIVE  
LAKE WORTH, FL 33145 US

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: MYRA GOLDICK

04/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: GOLDICK, MYRA  
Address: 9729 SAVANNAH ESTATES DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: PSD  
Name: LEZZI, SHARON  
Address: 9729 SAVANNAH ESTATES DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

I hereby 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 all other like empowered.

SIGNATURE: MYRA GOLDICK

PSD

04/16/2012

Electronic Signature of Signing Officer or Director

Date