2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 279020

FILED Feb 14, 2007 Secretary of State

Entity Name: VARSITY ENTERPRISES, INC. **Current Principal Place of Business: New Principal Place of Business:** 4905 WEST STATE STREET TAMPA, FL 33609 **Current Mailing Address: New Mailing Address:** 4905 WEST STATE STREET TAMPA, FL 33609 FEI Number: 59-1156520 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VAZQUEZ, WILFRED VAZQUEZ, WILFRED D 4905 WEST STATE STREET 4905 WEST STATE STREET TAMPA, FL 33609 TAMPA, FL 33609 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: WILFRED VAZQUEZ 02/14/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition VAZQUEZ, WILFRED D Name: Name: 4905 W STATE ST Address: Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: Title: Title: () Delete () Change () Addition VAZQUEZ, SALLY Name: Name: 4905 WEST STATE ST Address: Address: TAMPA, FL City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition DOSS, STACY Name: Name: 4905 WEST STATE Address: Address: City-St-Zip: TAMPA, FL City-St-Zip: Title: () Delete Title: () Change () Addition ALONSO, LINDA Name: Name: Address: 4905 W STATE ST Address: City-St-Zip: TAMPA, FL City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: WILFRED VAZQUEZ 02/14/2007

WEINSTEIN, IRA

TAMPA, FL

4905 W STATE ST

Name:

Address: City-St-Zip: