## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2007 08:00 AM Secretary of State

ANNUAL REPORT				1VIAI 13, 2007 00:00			
DOCUMENT # 280267  1. Entity Name						Secreta	ry of State
VIGO IMF	PORTING COMPANY						
Principal Plac	e of Business	Mailing Address	•				•
4701 W. COM Tampa, FL. 3	MANCHE AVENUE 33614-5431	4701 W. COMANCHE AVENUE TAMPA, FL 33614-5431					
-	O NOT WRITE	<b>~</b> F	03122007	No Chg-P	CR2E034 (	11/05)	
DO NOT WRITE IN THIS SPACE			CE	4. FEI Numbe 59-1050			Applied For Not Applicable
			· · · · · · · · · · · · · · · · · · ·	5. Certificate	of Status Desired		75 Additional Required
	6. Name and Address of Current Re	gistered Agent	1				
ALESSI, ANTHONY JR 4701 WEST COMANCHE AVE TAMPA, FL 33614			DO NOT WRITE IN THIS SPACE				
8. The above	named entity submits this statement for the	e numose of changing its register	ed office or register	red agent, or hot	h in the State of Flo	orida I am famil	iar with, and accent
the obligat	ions of registered agent.	a parposa ar arranging na rogicia	od ovido or rogistar	ou agorni or son	7		
SIGNATURE.	Signature, typed or printed name of registered agent and	ed Agent signature requires	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND DI	RECTORS .		1			
TITLE	P		i				
NAME STREET ADDRESS	ALESSI JR,ANTHONY . 4701 W. COMANCHE AVENUE		Į.				
CITY-ST-ZIP	TAMPA, FL						
TITLE	VP		· .				
NAME	ALESSI, ALFRED				UO	00006671	07
STREET ADDRESS CITY-ST-ZIP	4701 W. CONANCHE AVE.				03/26.	/07-8001:	5-008 150. <b>0</b> 0
TITLE			1 '				
NAME							•
STREET ADDRESS CITY-ST-ZIP				DO	<b>NOT W</b>	RITE	i
TITLE			-				
NAME				IN I	THIS SF	AUE	
STREET ADDRESS CITY-ST-ZIP							
TITLE							
NAME STREET ADDRESS						•	
CITY-ST-ZIP				*			

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 affect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this leport 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 principles if the exemptions contained in Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

SIGNATURE:

IPILE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF STAINING OFFICER OR DIRECTOR

13/07 8/2 Odlo Dayuno

9/3 884347