2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 468242

FILED Apr 12, 2007 Secretary of State

Entity Nai	me: VINCCLE	R CORPORATION			•		
Current Principal Place of Business:			New Principal Place of Business:				
8276 N.W. MIAMI, FL	66TH STREE 33166	Т					
Current Mailing Address:			New Maili	New Mailing Address:			
8276 N.W. MIAMI, FL	66TH STREE 33166	Т					
FEI Number:	: 59-1569296	FEI Number Applied For ()	FEI Number Not App	icable ()	Certificate of Status Desired	()	
Name and	Address of C	Current Registered Agent:	Name and	Address of N	ew Registered Agent:		
8276 NW 6 MIAMI, FL The above	33166 US	submits this statement for the	purpose of changing i	ts registered of	ffice or registered agent, o	r both,	
SIGNATU	RE:						
Election Car		nic Signature of Registered Ag Trust Fund Contribution ().	ent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () GLERICO, CIA 8276 N.W. 66T MIAMI, FL 331	H ST.	Title: Name: Address: City-St-Zip:	PD (X) CLERICO, FEDI 8276 N.W. 66TH MIAMI, FL 3316	HST.		
Title: Name: Address: City-St-Zip:	VD () CLERICO, FED 8276 N.W. 66T MIAMI, FL 331	H ST.	Title: Name: Address: City-St-Zip:	VD (X) CLERICO, JUAN 8276 N.W. 66TH MIAMI, FL 3316	H ST.		

Title: SD () Delete Name: DE ARMAS, RAFAEL Address: 8276 NW 66TH ST

MIAMI, FL Title: () Delete

Name: Address: City-St-Zip:

City-St-Zip:

Title: () Change (X) Addition NICOLETTO, FRANCESCO

DE ARMAS, RAFAEL

8276 NW 66TH ST

MIAMI, FL 33166

(X) Change () Addition

Name: Address: 8276 NW 66TH ST MIAMI, FL 33166 City-St-Zip:

SD

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RAFAEL DEARMAS D 04/12/2007