



Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 626182 1. Entity Name VACCARO ENTERPRISES, INC.							
Principal Place of Business 10820 S.W. 40TH STREET DAVIE, FL 33328		Mailing Address 10820 S.W. 40TH STREET DAVIE, FL 33328					
<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>							
		<div style="text-align: center;"></div> <div>01102006 No Chg-P CR2E034 (11/05)</div> <table border="1"><tr><td>4. FEI Number 59-1923000</td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 59-1923000	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent WARDLAW, STUART C. PA 2929 E.COMMERCIAL SUITE 501 BLVD. FORT LAUDERDALE, FL 33308		<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>					
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinitiating) _____ DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD VACCARO, CHARLES 10820 S.W. 40TH STREET DAVIE, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		STD VACCARO, DOLORES 10820 S.W. 40TH STREET DAVIE, FL					
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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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>X Dolores Vaccaro</i>		Sec/TREA <i>X 1/19/06</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #					