

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2008 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-1923000

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARDLAW, STUART C. PA  
2929 E.COMMERCIAL SUITE 501 BLVD.  
FORT LAUDERDALE FL 33308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature typed or printed name of current agent and title (if applicable).

(NOTE: Registered Agent Signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME VACCARO, CHARLES  
STREET ADDRESS 10820 S.W. 40TH STREET  
CITY-STATE-ZIP DAVIE FL

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 000000823131  
CITY-STATE-ZIP 02/20/08-80025-022 150.00

TITLE STD ☐ Delete  
NAME VACCARO, DOLORES  
STREET ADDRESS 10820 S.W. 40TH STREET  
CITY-STATE-ZIP DAVIE FL

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-STATE-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS ☐ Delete  
CITY-STATE-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Dolores Vaccaro* *Dolores VACCARO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/08 954 473-1936

Date

Office Phone