

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000001611

1. Entity Name
VOCE INTERNATIONAL GROUP OF COMPANIES INC.



Principal Place of Business

2717 WEST CYPRESS CREEK ROAD
1245 S Ponce de Leon Rd
FORT LAUDERDALE, FL 33309 US
POMPANO BEACH 33069

Mailing Address

2717 WEST CYPRESS CREEK ROAD
1245 S Ponce de Leon Rd
FORT LAUDERDALE, FL 33309 US
POMPANO BEACH 33069

DO NOT WRITE IN THIS SPACE

05072012 No Chg-P CR2E034 (12/11)

4. FEI Number
54-2308716

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VOCE, ALLAN G
2717 WEST CYPRESS CREEK ROAD
1245 S Ponce de Leon Rd
FORT LAUDERDALE, FL 33309
POMPANO BEACH 33069

**DO NOT WRITE
IN THIS SPACE**

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 registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 28, 2012**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTCD
VOCE, ALLAN S
1245 S Ponce de Leon Rd
2717 WEST CYPRESS CREEK ROAD, SUITE 116
FORT LAUDERDALE, FL 33309

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
VOCE, MICHAEL C
2717 WEST CYPRESS CREEK ROAD, SUITE 116
FORT LAUDERDALE, FL 33309

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS

FILED

2012 JUN -4 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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06/04/12--01003--016 **150.00

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JUN 4 2012
S. TONER