

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000004111

1. Entity Name
VIGO LP, INC.



Principal Place of Business Mailing Address
1300 SAWGRASS CORPORATE PARKWAY, SUITE 110 1300 SAWGRASS CORPORATE PARKWAY, SUITE 110
SUNRISE, FL 33323 SUNRISE, FL 33323



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1108038

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI, FL 33156

**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 \$150.00
After May 1, 2005 Fee will be \$550.00

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
CEO
TRUJILLO, MARIO
1300 SAWGRASS CORPORATE PARKWAY, SUITE 110
SUNRISE, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
FEIJOO DE FARIA, OSVALDO
1300 SAWGRASS CORPORATE PARKWAY, SUITE 110
SUNRISE, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
SAPP, STEVEN G
10251 W. OAKLAND PARK BLVD.
SUNRISE, FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAT
MATHEWS, DEVIN R
ONE LIBERTY SQUARE
BOSTON, MA 02109

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 exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**

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03/10/05-80020-025.150.00

(OSVALDO F. de Faria Jr.) 3/4/2005 (800) 777-8784