

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90162 015 \*\*\*158.75

**DOCUMENT # F06000006570**

1. Entity Name  
**VASO REALTY CORP.**



Principal Place of Business

**568 WEST 184TH STREET 2ND FLOOR  
NEW YORK, NY 10033**

Mailing Address

**568 WEST 184TH STREET  
NEW YORK, NY 10033**



03142008

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**13-4127254**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ANDREW SERVICE CORPORATION OF FLORIDA  
201 N. FRANKLIN STREET  
SUITE 2100  
TAMPA, FL 33602**

**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, 2008 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  
**CHRM  
SAVIDIS, LYDIA  
568 WEST 184TH STREET  
NEW YORK, NY 10033**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT  
SAVIDIS, LYDIA  
568 WEST 184TH STREET  
NEW YORK, NY 10033**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
SAVIDIS, MARY  
568 WEST 184TH STREET  
NEW YORK, NY 10033**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
SAVIDIS, SYLVIO  
568 WEST 184TH STREET  
NEW YORK, NY 10033**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-1-08**