


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000003952 1. Entity Name VIGO REMITTANCE CORP.	
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Principal Place of Business 10251 W. OAKLAND PARK BLVD. SUNRISE, FL 33351	Mailing Address 1300 SAWGRASS CORPORATE PARKWAY SUITE 110 SUNRISE, FL 33323
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02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3389246	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
STE. 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 MR. 10251 W OAKLAND PARK BLVD. SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO DEFARIA, OSVALDO F MR. 1300 SAWGRASS CORPORATE PARKWAY, STE 110 SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SAPP, STEVEN G MR. 10251 W. OAKLAND PARK BLVD SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPM LIZY, ROBERT MR. 1300 SAWGRASS CORPORATE PAKWAY, STE. 110 SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPIM TIMM, ROGER MR. 1300 SAWGRASS CORPORATE PARKWAY, STE. 110 SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/22/05-80043-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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

02/07/2005 (800) 777-8784
Date Daytime Phone #