


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F94000003952

1. Entity Name
VIGO REMITTANCE CORP.



Principal Place of Business Mailing Address

**10251 W. OAKLAND PARK BLVD.
 SUNRISE, FL 33351**

**1300 SAWGRASS CORPORATE PARKWAY
 SUITE 110
 SUNRISE, FL 33323**

DO NOT WRITE IN THIS SPACE



02072005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3389246	Applied For 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**

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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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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	

100000234398
 02/22/05-80043-007 150.00

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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:  **02/07/2005** (800) 777-8784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #