

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90206 048 \*\*\*143.75

**DOCUMENT # L05000048393**

1. Entity Name

VANTAGGIO INVESTMENT GROUP, L.L.C.

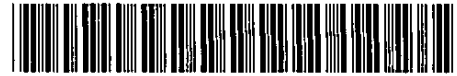


Principal Place of Business

8445 NW 165 TER  
MIAMI FL 33016

Mailing Address

6065 NW 167 ST.  
UNIT B-23  
MIAMI FL 33016



2. Principal Place of Business - No P.O. Box #

14345 Commerce Way  
Suite, Apt. #, etc.  
Miami Lakes, FL  
City & State  
33016  
Country  
US

3. Mailing Address

14345 Commerce Way  
Suite, Apt. #, etc.  
Miami Lakes, FL  
City & State  
33016  
Country  
US

1st MOORE

CR2E083 (10/07)

4. FEI Number

86-1138915

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VELAZQUEZ, IMILSIS  
8445 NW 165 TER  
MIAMI FL 33016

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

04/21/08  
DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR  
NAME VELAZQUEZ, IMILSIS  
STREET ADDRESS 8445 NW 165 TER  
CITY- ST- ZIP MIAMI FL 33016  
☐ Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

TITLE NAME  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE NAME  
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TITLE NAME  
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CITY- ST- ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/21/08 305-558-2588  
DATE DAYTIME PHONE #