## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P00000030631**

1. Entity Name VAMO, INC.



**Secretary of State** 02-27-2007 90011 048 \*\*\*150.00

FILED

Feb 27, 2007 8:00 am

Principal Place of Business

Mailing Address

2406 DODGE DR.

DAYTONA BEACH, FL 32118

2406 DODGE DR. DAYTONA BEACH, FL 32118



02052007

No Chg-P

CR2E034 (11/05)

4.	FEI Number					
	65-1001232					

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STREITA, VALDO 14371-SW-248-STREET MIAMI, Ft. 33032

26750 So Dixiety Naranja FL 33032

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE							
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRENTA, VALDO 24751 SW 144TH AVENHE 26 PRINCETON EL 330323678 Nava	750 50 Dupie Hay.					
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	STRENTA, VALDO 24751 SW 144TH AVENHE PRINCETON, FL 330323678  D STRENTA, JEAN 24751 SW 144TH AVENUE PRINCETON, FL 330323618  74761 SW 144TH AVENUE PRINCETON, FL 330323618  TATANA FL 330321						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS							

12. Thereby 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:

CITY-ST-ZIP