2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# P00000074681

Entity Name: VINCORTE, INC.

Current Principal Place of Business:

6777 NW 110 WAY
PARKLAND, FL 33076 US

New Principal Place of Business:

Current Mailing Address:

6777 NW 110 WAY
PARKLAND, FL 33076 US

New Mailing Address:

FEI Number: 65-1032834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORALES, CARLOS E ESQ
2800 BISCAYNE BLVD SUITE 500
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: DE LAIRE, GERMAN
Address: 6777 NW 110 WAY
City-St-Zip: PARKLAND, FL 33076

Title: VSD ( ) Delete
Name: EVERS, CLARITA
Address: 6777 NW 110 WAY
City-St-Zip: PARKLAND, FL 33076

Title: VP ( ) Delete
Name: FABRE, ALVARO
Address: 6777 NW 110 WAY
City-St-Zip: PARKLAND, FL 33076 US

Title: D/FM ( ) Delete
Name: DE LAIRE, NICOLAS A
Address: 6777 NW 110 WAY
City-St-Zip: PARKLAND, FL 33076 US

Title: IB/M ( ) Delete
Name: DE LAIRE, DENISSE
Address: 6777 NW 110 WAY
City-St-Zip: PARKLAND, FL 33076 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PR ( ) Change (X) Addition
Name: DE LAIRE, CRISTINE
Address: 6777 NW 110 WAY
City-St-Zip: PARKLAND, FL 33076 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARITA EVERS VSD 05/01/2007

Electronic Signature of Signing Officer or Director Date