

FILED
Jul 05, 2007 8:00 am
Secretary of State

4.

04-30-2007 90850 039 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000108298		
1. Entity Name VASCONIA, INC.		
Principal Place of Business 19575 BISCAYNE BLVD. 1451 MIAMI, FL 33180 US		Mailing Address 19575 BISCAYNE BLVD. 1451 MIAMI, FL 33180 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BERGER, DAVID S 100 N. BISCAYNE BLVD., SUITE 2608 MIAMI, FL 33132		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: <u><i>C. Urdan</i></u> President <u>5/31/07</u> DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD LONDONO, LUIS F 100 N. BISCAYNE BLVD., SUITE 2608 MIAMI, FL 33132	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby 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: <u><i>C. Urdan</i></u> <u>5/31/07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #		