


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000058641	
--------------------------------	---

1. Entity Name VENDRELL, INC.	Principal Place of Business 5800 N.W. 32ND COURT MIAMI, FL 33142	Mailing Address C/O IVAN A. GOMEZ, P.A. 601 BRICKELL KEY DRIVE STE 507 MIAMI, FL 33131
---	---	--

DO NOT WRITE IN THIS SPACE

02272008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1124844	Applied For Not Applicable
5. Certificate of Status Desired ✓	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent IAG CORPORATE SERVICES, INC. 601 BRICKELL DRIVE STE 507 MIAMI, FL 33131	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 _____ (NOTE: Registered Agent signature required when reinstating)

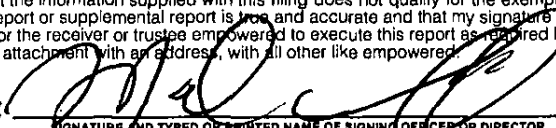
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000920611 05/14/08-80051-005 158.75
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUIXENS, MANUEL J 5800 N.W. 32ND COURT MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUIXENS, JUAN J JR 5800 N.W. 32ND COURT MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAURY, CHRISTINA 5800 N.W. 32ND COURT MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUIXENS, JUAN J 5800 NW 32ND CT. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **(309) 371-9213**

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

Manuel J. Guixens, President