2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90412 042 ***1 50 00

DOCUMENT # P0100096787 1. Entity Name VASCOR INVESTMENTS, INC.								04-17-2006	90412 ()42 ***15	0.00
Principal Place of Business 6017 NEWPORT VILLAGE WAY LAKE WORTH, FL 33463			Mailing Address 6017 NEWPORT VILLAGI LAKE WORTH, FL 33463			 111 115 	! 16f3 KOK 16f 80K 80K	N 86:18 (\$118 1	50012		
2. Principal P	lace of Busine	ess	3. Mailing Address								
4310 HTGHWAY A1A APT. 602 Suite, Apt. #, etc.			4310 HIGHWAY A1A APT 602 Suite, Apt. #, etc.			502	04062006	Chg-P		034 (11/05)	
City & State	ө		City & State				4. FEI Numb			At	plied For
11.011111	HUTCHIS	ON ISLAND, FL.	NORTH HUTCHI),FL	65-114	7259			t Applicable
Zip 34949		Country USA	Zip 34949-8376	Coun	USA		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name a	and Address of Current R	egistered Agent Name				7. Name and Address of New Registered Agent				
VASQUEZ, JORGE 6017 NEWPORT VILLAGE WAY LAKE WORTH, FL 33463						VASO dress (F 4310		RCE er is Not Acceptable Y AIA <u>A</u> APT	602		
						יים חע	ים שויויכם	ISON ISLAN	D FL	Zip Cod	9-8376
the obligat	named entity ions of registe		the purpose of changing its r	egistere						familiar with,	and accept
SIGNATURE.	Signature, typed o	r printed name of registered agent ar	nd title if applicable. (NOTE:	Registere	d Agent signature	beniupen e	when reinstating)		STAG		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.							00 May Be ed to Fees				
10.	,	OFFICERS AND D	DIRECTORS	11.			ADDITIONS.	/CHANGES TO OFF	ICERS AN	D DIRECTORS	3 IN 11
TITLE NAME	D VASQUEZ	IORCE	☐ Delete	TITLE		D			>	Change	Addilion
STREET ADDRESS		PORT VILLAGE WAY		nami Stre	ET ADDRESS		QUEZ, J		т 602		
CITY-ST-ZIP	LAKE WOF	RTH, FL 33463		CITY			O HIGHW		ND. F		9-8376
TITLE NAME	D	C ECDEDAN7A	☐ Delete	TITLE	I	COE C	DAIFS	ESPERAN7A		Change	☐ Addition
STREET ADDRESS	•				ET ADDRESS						
CITY-ST-ZIP	P LAKE WORTH, FL 33463			CITY	-ST-ZIP			HISON ISLA		L 3494	9-8376
TITLE NAME			☐ Delete	TITLE						Change	☐ Addition
STREET ADDRESS				2	ET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP						
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition
TITLE			☐ Delete	TITLE						☐ Change	Addition
NAME				NAMI							
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
TITLE			☐ Delete	TITLE						☐ Change	☐ Addition
NAME OTDEET ADDRESS	1			NAM							
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
12. I hereby o	certify that the	information supplied with t	this filing does not qualify for	the exe	emptions cor	ntained	in Chapter 119	9, Florida Statutes. I	further cer	rtify that the in	formation
of the cor,	poration or the	receiver or trustee empoy	true and accurate and that my wered to execute this report a ith all other like amounted	s requir	ed by Chap	ter 607,	ame legal effet , Florida Statute	es; and that my name	e appears	in Block 10 or	or airector Block 11 if

04-12-06 Date

Daytme Phone #