

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000104970 1. Entity Name VINKO, INC.	
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Principal Place of Business 5790 SW 130TH TERRACE MIAMI, FL 33156	Mailing Address 5790 SW 130TH TERRACE MIAMI, FL 33156
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01212006 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1152828	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LAKHANI, CHANDRESH M 5790 SW 130TH TERRACE MIAMI, FL 33156

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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>Chandresh Lakhani President</u> Signature, typed or printed name of registered agent and fee if applicable	DATE: <u>3-7-06</u> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LAKHANI, CHANDRESH M 5790 SW 130TH TERRACE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LAKHANI, BHAI RAVI C 5790 SW 130TH TERRACE MIAMI, FL 33156
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 another like empowered.	
SIGNATURE: <u>Chandresh Lakhani Vice President</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <u>3-7-06</u> DAYTIME PHONE: <u>305-668-1537</u>