FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90383 011 ***150.00

DOCUMENT # P02000018027

14005224

1. Entity Name
Vigoa's Investments, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2500 W 78 st	2500 W 78 st
Suite, Apt. #, etc. Bay - 2	Suite, Apt. #, etc. Bay - 2
City & State Hialeah Fl	City & State Hialeah Fl
Zip 33016 Country USA	Zip 33016 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Angel Vigoa
Street Address (P.O. Box Number is Not Acceptable): 2500 W 78 ST Bay 2
City: Hialeah FL Zip Code: 33016

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: X President 04/12/04
Signature, typed or printed name of registered agent and title if applicable. (If filing for a Registered Agent, signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Angel Vigoa
STREET ADDRESS	2500 W 78 st Bay 2
CITY-ST-ZIP	Hialeah Fl. 33016
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: x President 04/12/04 3058264118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #