FOR PROFIT CORPORATION UNIFORM BUSDIESS REPORT (UBR)

DOCUMENT # P02000027665 VIAL INVESTMENTS Corp



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			Brance is compared to the Branch William Philosophics China San Commission on the Administration (1988)	#ALLAMASSEE, FLO	RIDA
DO N	IOT WRITE	IN THIS S	DACE		
6 Dissipation of Dissipation		Ta Mallion Address		4	
2. Principal Place of Business 1107 E COBBIESTONE CIE		3. Mailing Address 1101 COBBIPSIDSE CIR Suite, Apt. #, etc.		,	
Suite. Apt. #. etc.		Suite. Apt. #, etc.	The sile was	DO NOT WRITE IN THIS SPACE	
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City & State K1551MMEP, FL Zip Country		City & State LISSIMMEE, PC		4. FEI Number 01-0636749	Applied For Not Applicable
^{Zip} 34744	Country USA	34744	Country A	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	を選出する。 では、これでは、 では、 では、 では、 では、 では、 では、 では、	7. Name and Address of Current Registe	red Agent		
			Name ROSA O. AlCANTARA		
DO NOT WRITE Stree				(P.O. Box Number is Not Acceptable)	
	N THIS SP	ΔCF	\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-		
		AUL	5611	New CAMBRIDGE	KUAD
The Art and the Art and Art an			City OR	New CAMBRIDGE A	L Zip Cod 2810
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 regis		1		1	
0.	and Ale	andrea.	Konnoll	of the	1. 12-103
SIGNATURE Signature, types	DSA O. A/C/ d or printed name of registered agent a	and title if applicable. (NO	ITE: Registered Agent signature require	ed when reinstating) DAT	6.33-03
January 1 - May 1 Fee is \$150.00				Election Campaign Financing	\$5.00.4 B
After May 1, Fee is \$550.00 Amended UBR is \$61.25				Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
	o Florida Department of	State			
10.	OFFICERS AND	DIRECTORS			
TITLE PRES	sident		TITLE		ELLY .
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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:

- Roul Alfou-Tresiden