

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042513

Entity Name: VINTAGE DIVERSITY, INC.

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

236 NW 44TH ST/W PROSPECT RD
1ST FLOOR
OAKLAND PARK, FL 33309

New Principal Place of Business:

Current Mailing Address:

236 NW 44TH ST/W PROSPECT RD
1ST FLOOR/VINTAGE DIVERSITY, INC.
OAKLAND PARK, FL 33309

New Mailing Address:

236 NW 44TH ST/W PROSPECT RD
1ST FLOOR
OAKLAND PARK, FL 33309

FEI Number: 04-3645594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRNES, MELANIE A GARBO
2781 NE 14TH AVE
WILTON MANORS, FL 33334 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BYRNES, MELANIE A PRES
Address: 2781 NE 14TH AVE
City-St-Zip: WILTON MANORS, FL 33334

Title: PRES () Delete
Name: GARBO-BYRNES, MELANIE A PRES
Address: 2781 NE 14TH AVE
City-St-Zip: WILTON MANORS, FL 33334

Title: PD () Delete
Name: GARBO-BYRNES, MELANIE A PRES
Address: 2781 NE 14TH AVE
City-St-Zip: WILTON MANORS, FL 33334

Title: PRES () Delete
Name: GARBO-BYRNES, MELANIE A PRES
Address: 2781 NE 14TH AVE
City-St-Zip: WILTON MANORS, FL 33334

Title: PRES () Delete
Name: GARBO-BYRNES, MELANIE A PRES
Address: 2781 NE 14TH AVENUE
City-St-Zip: WILTON MANORS, FL 33334

Title: PRES () Delete
Name: VINTAGE DIVERSITY, I, NC.
Address: 236 W PROSPECT RD
City-St-Zip: OAKLAND PARK, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELANIE A. GARBO-BYRNES

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date