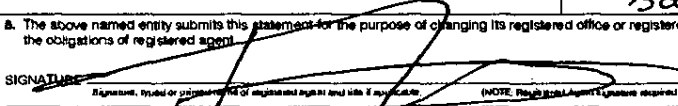
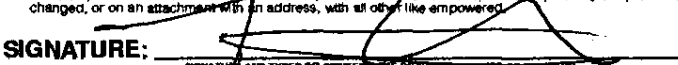


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90256 025 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000049761			
1. Entity Name VINJO INC.			
Principal Place of Business 1801 N.E. 20TH AVENUE FT. LAUDERDALE, FL 33305 US		Mailing Address 1801 N.E. 20TH AVENUE FT. LAUDERDALE, FL 33305 US	
2. Principal Place of Business 3301 N.E. 33rd St.		3. Mailing Address 6100 Glades Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 314	
City & State FT. LAUDERDALE, FL.		City & State BOCA RATON, FL.	
Zip 33308	Country US	Zip 33434	Country US
4. FEI Number 42-153 7193		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☒ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name BRUCE WEINBERG Street Address (P.O. Box Number is Not Acceptable) 6100 Glades Rd, Suite 314 City BOCA RATON FL Zip Code 33434	
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:  DATE: 4/28/03 (NOTE: Registered Agent's Signature required when registering)			
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTTO, VINCENT 1801 N.E. 20TH AVENUE FT. LAUDERDALE, FL 33305 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE WEINBERG 6100 GLADES RD #314 BOCA RATON, FL 33434 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 4/28/03 5614875765	

CR2034 (10/02)