2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000026276

1. Entity Name
VITALITE, INC.

Principal Place of Business	Mailing Address
6700 NW 114TH AVENUE SUITE 925 MIAMI, FL 33178	6700 NW 114TH AVENUE SUITE 925 MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE

03072005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
75-3105266	Not Applicable

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

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6. Name and Address of Current Registered Agent

VERA, RICHARD A
6700 NW 114TH AVENUE SUITE 925
MIAMI, FL 33178

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	VERA, RICHARD A
STREET ADDRESS	6700 NW 114TH AVENUE SUITE 925
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	VD
NAME	DEL CARMEN VERA, MARIA
STREET ADDRESS	5400 NW 107TH AVENUE #404
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U0000259189
03/11/05-80014-017 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____   RICHARD A. VERA, PRES.   03/07/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #