
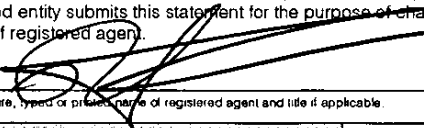


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90036 018 ***150.00

DOCUMENT # P03000028441 1. Entity Name VIN RE HOLDINGS, INC.			
Principal Place of Business 4815 EAST BUSCH BOULEVARD SUITE 205 TAMPA FL 33617-6094		Mailing Address 4815 EAST BUSCH BOULEVARD SUITE 205 TAMPA FL 33617-6094	
2. Principal Place of Business 8402 Laurel Fair Cir Suite 205 Tampa FL		3. Mailing Address 8402 Laurel Fair Cir Suite 205 Tampa FL	
Suite, Apt. #, etc. Suite 205		Suite, Apt. #, etc. Suite 205	
City & State Tampa FL		City & State Tampa FL	
Zip 33610		Zip 33610	
Country		Country	
4. FEI Number 04-3746902		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOOLE, DANA G 2057 DELTA WAY TALLAHASSEE FL 3230-3422		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD FERREIRA, RANDY X 4815 EAST BUSCH BOULEVARD SUITE 205 TAMPA FL 33617-6094 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 8402 Laurel Fair Cir Ste 205 Tampa FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CURRY, LARRY 4815 EAST BUSCH BOULEVARD SUITE 205 TAMPA FL 33617-6094 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 8402 Laurel Fair Cir Ste 205 Tampa FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #