

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000029803

Entity Name: VITAGRAPHICS CORP.

**FILED**  
**Oct 08, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

10305 NW 41ST ST # 101  
MIAMI, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

10305 NW 41ST ST # 101  
MIAMI, FL 33178

**New Mailing Address:**

FEI Number: 80-0057276

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LAZARDI, ALEJANDRO  
10305 NW 41ST ST # 101  
MIAMI, FL 33178 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: ALEJANDRO LAZARDI

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: LAZARDI, ALEJANDRO  
Address: 10305 NW 41ST ST # 101  
City-St-Zip: MIAMI, FL 33178

Title: VP ( ) Delete  
Name: LAZARDI, MONICA  
Address: 10305 NW 41 ST # 101  
City-St-Zip: MIAMI, FL 33178

Title: VP ( ) Delete  
Name: LAZARDI, MARIA TERESA  
Address: 10305 NW 41 ST # 101  
City-St-Zip: MIAMI, FL 33178

**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:

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: MARIA TERESA LAZARDI

VP

10/08/2007

Electronic Signature of Signing Officer or Director

Date