

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000029803

1. Entity Name
VITAGRAPHICS CORP.



Principal Place of Business
**10305 NW 41ST ST # 101
MIAMI, FL 33178**

Mailing Address
**10305 NW 41ST ST # 101
MIAMI, FL 33178**



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number
80-0057276

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	LAZARDI, ALEJANDRO
STREET ADDRESS	10305 NW 41ST ST # 101
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	VP
NAME	LAZARDI, MONICA
STREET ADDRESS	10305 NW 41 ST # 101
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	VP
NAME	LAZARDI, MARIA TERESA
STREET ADDRESS	10305 NW 41 ST # 101
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Alejandro Lazard

04-28-08

Date

305-4701420

Daytime Phone #