2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P04000017028 Jan 23, 2007 08:00 AM **Secretary of State** VINADO HOME REALTY, S CORP. Principal Place of Business Mailing Address 10128 RIVERS TRAIL DR. ORLANDO FL 32817 10128 RIVERS TRAIL DR. ORLANDO FL 32817 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For City & State 90-0133853 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NIA NGUYEN, JOE W Street Address (P.O. Box Number is Not Acceptable) 10128 RIVERS TRAIL DR. ORLANDO FL 32817 City Zip Code 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 Fiorida and am familiar with, and accept the obligations of registered agent NGUYEN, JOE W. (NOTE: Registared Agent signature required when reinstating) name of registered agentified title in applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEO IOH Delete Change NGUYEN, JOE W NAME NAME 10128 RIVERS TRAIL DR. STREET ADDRESS STREET ADDRESS U000000599530 ORLANDO FL 32817 CITY-ST-ZIP CHY-S1-7IP <u> 150.00</u> ШП ☐ Delete ☐ Change Addition THE NAMI NAM STREET ADDRESS STREET LADDRESS CHY-ST-2IP CHY-ST-ZIP ΠIII Delete TITLE Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP Detete ☐ Change ☐ Addition NAML. NAMI STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-SI-ZIP HILL ☐ Defete ☐ Addition ☐ Change NAME. NAMI STREET ADDRESS STREET ADDRESS City-St-709 CITY - ST. 7IP шц ☐ Delete THE ☐ Change Addition NAME NAME STREET ADDRESS. STREET ADDRESS CHY-ST-7IP CITY-SI-ZIP

SIGNATURE: DENGLIGHT NGUYEN, TOE W 01-18-07 (407) 273-2806
SIGNATURE AND TYPED OR MINITED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daylor Proces

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

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, 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