

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90039 011 ***163.75

DOCUMENT # P04000045200

1. Entity Name
VACEL USA, INC.



Principal Place of Business
**5401 NW 102 AVENUE
SUITE 128
SUNRISE, FL 33351**

Mailing Address
**5401 NW 102 AVENUE
SUITE 128
SUNRISE, FL 33351**

2. Principal Place of Business
3160 NW 108 TERRACE

3. Mailing Address
PO BOX 13068

Suite, Apt. #, etc.

Suite, Apt. #, etc.
311

07122005

Chg-P

CR2E034 (10/03)

City & State
SUNRISE

City & State
MIAMI, FLORIDA

4. FEI Number
200836932

Applied For
Not Applicable

Zip Country
33351 USA

Zip Country
33101-9998 USA

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

6. Name and Address of Current Registered Agent

**VASQUEZ, ROLANDO
3160 NW 108 TERR
SUNRISE, FL 33351**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☒

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **VASQUEZ, ROLANDO**
STREET ADDRESS **3160 NW 108 TERR**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Change ☒ Addition
NAME **ANA MARIA ESTRADA**
STREET ADDRESS **1170 NW 80 AVE # 105**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE **S** ☐ Change ☒ Addition
NAME **LUIS A. VENTURA**
STREET ADDRESS **9969 SW 146 PLACE**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #