


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90020 028 ***150.00

DOCUMENT # P04000045200

1. Entity Name
VACEL USA INC.



Principal Place of Business
**3160 NW 108 TERRACE
 SUNRISE, FL 33351**

Mailing Address
**P.O. BOX 13068
 # 311
 MIAMI, FL 33101-9998**

2. Principal Place of Business
3134 NW 88th Ave

3. Mailing Address
3134 NW 88th Ave

Suite, Apt. #, etc.
SUNRISE FL.

Suite, Apt. #, etc.
SUNRISE, FL

City & State
SUNRISE FL.

City & State
SUNRISE, FL

Zip
33351

Country
USA

Zip
33351

Country
USA

6. Name and Address of Current Registered Agent

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

40099023



07112006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0836932

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
3134 NW 88th Ave

City **SUNRISE** FL Zip Code **33351**

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 **Rolando Vasquez** **Rolando Vasquez** **7/11/06**

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 6, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VASQUEZ, ROLANDO 3160 NW 108 TERR SUNRISE, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3134 NW 88th Ave SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S ESTRADA, ANA MARIA 1170 NW 80 AVE# 105 MARGATE, FL 33063	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 V VENTURA, LUIS A 9968 SW 146 PLACE MIAMI, FL 33186	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 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: **Rolando Vasquez** **Rolando Vasquez** **7/11/06** **(954) 572-7460**

Signature and typed or printed name of signing officer or director Date Daytime Phone #