

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90275 017 ***150.00

DOCUMENT # P04000065615

1. Entity Name
VINTAGE INVESTORS PORTFOLIO, INC.



Principal Place of Business
212 NW 15TH STREET
SUITE 2
MIAMI, FL 33136

Mailing Address
212 NW 15TH STREET
SUITE 2
MIAMI, FL 33136

50005983



2. Principal Place of Business

3. Mailing Address

2900 NW 183rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152006

Chg-P

CR2E034 (11/05)

City & State

City & State

Miami Gardens FL

4. FEI Number

20-1051925

Applied For

Not Applicable

Zip

Country

Zip

33056

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES, DEVON L
212 NW 15TH STREET
SUITE 2
MIAMI, FL 33136

Name

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

2900 NW 183rd Street

City

Miami Gardens

FL

Zip Code

33056

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
JAMES, DEVON L
212 NW 15TH STREET SUITE #2
MIAMI, FL 33136 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2900 NW 183rd Street
Miami Gardens FL 33056 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
JAMES, KWANE A
212 NW 15TH STREET SUITE #2
MIAMI, FL 33136 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2900 NW 183rd Street
Miami Gardens FL 33056 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

Darwin James
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06
Date

305-573-6224
Daytime Phone