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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR -6 AM 9:03

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000128671

1. Entity Name

VANDALEY INVESTMENT, INC.

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CR2E034B (8/05)

2. Principal Place of Business	3. Mailing Address
5201 Blue Lagoon Drive	9737 NW 41 St
Suite, Apt. #, etc.: Suite 931	Suite, Apt. #, etc.: Suite 389
City & State: Miami, Florida	City & State: Miami, FL
Zip: 33126 Country:	Zip: 33178 Country:

4. FEI Number: 61-1478372 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Mark Christopher

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

9737 NW 41 Street, Ste 389

City: Miami FL Zip Code: 33178

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, type or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Mark Christopher
STREET ADDRESS	9737 NW 41 St. Ste 389, Miami, FL
CITY-ST-ZIP	
TITLE	V
NAME	Manuel Diaz
STREET ADDRESS	9737 NW 41 St. Ste 389, Miami, FL
CITY-ST-ZIP	
TITLE	S
NAME	Carolina Bertucci
STREET ADDRESS	9737 NW 41 St. Ste 389, Miami, FL
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: MA Christopher Mark A. Christopher April 3, 2006 (305) 786-9923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #