

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

05 APR 15 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000128671

1. Entity Name

Vandaley Investment, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5201 Blue Lagoon Drive

3. Mailing Address

9737 NW 41 ST

Suite, Apt. #, etc.

Suite 931

Suite, Apt. #, etc.

Suite 389

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

☒ Applied For☐ Not Applicable

Zip

33126

Country

33178

Country

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Mark Christopher

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

9737 NW 41 ST, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

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	33178
TITLE	V
NAME	Manuel Diaz
STREET ADDRESS	9737 NW 41 St, Ste 389 Miami, FL
CITY-ST-ZIP	33178
TITLE	S
NAME	Carolina Bertucci
STREET ADDRESS	9737 NW 41 St, Ste 389 Miami, FL
CITY-ST-ZIP	33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 12, 2005 (305) 796-9923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number