


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90015 025 ***150.00

DOCUMENT # P04000141772	
1. Entity Name VENDOME WASHINGTON INC	

Principal Place of Business 1510 WASHINGTON AVENUE MIAMI BEACH FL 33139	Mailing Address 1502-1504 WASHINGTON AVENUE MIAMI BEACH FL 33139
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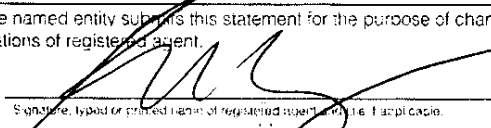
2. Principal Place of Business - No P.O. Box #	3. Mailing Address 437 LINCOLN RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State MIAMI BEACH FL	City & State MIAMI BEACH FL
Zip 33139	Country DADE

4. FEI Number 20-1768482	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent SPRUNG, ELLIOT 1510 WASHINGTON AVENUE MIAMI BEACH FL 33139	
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 	DATE 1-24-08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE SPRUNG, ELLIOT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPRUNG, ELLIOT		NAME	
STREET ADDRESS 1510 WASHINGTON AVENUE		STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH FL 33139		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE SPRUNG, DAVID	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPRUNG, DAVID		NAME	
STREET ADDRESS 1510 WASHINGTON AVENUE		STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH FL 33139		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: 	DATE 1-24-08	DAYTIME PHONE # 305 538-3016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		