


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90116 039 ***150.00

DOCUMENT # P05000000830		
1. Entity Name VASQUEZ, INC.		

60012436



Principal Place of Business 1 SNAP DRAGON CT HOMOSASSA, FL 34446	Mailing Address 1 SNAP DRAGON CT HOMOSASSA, FL 34446
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2. Principal Place of Business - No P.O. Box # 3231 Pawleys Loop N.	3. Mailing Address 3231 Pawleys Loop N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

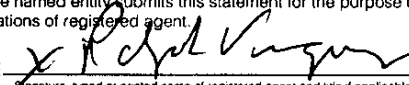
01302007 Chg-P CR2E034 (12/06)

City & State SAINT CLOUD, FLORIDA	City & State SAINT CLOUD
Zip 34769	Zip 34769
Country OSCEOLA	Country OSCEOLA

4. FEI Number 20-2107516	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VASQUEZ, RALPH 1 SNAP DRAGON CT HOMOSASSA, FL 34446		7. Name and Address of New Registered Agent Name Ralph Vasquez Street Address (P.O. Box Number is Not Acceptable) 3231 Pawleys Loop North City SAINT CLOUD FL Zip Code 34769	
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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: 1/30/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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 NAME STREET ADDRESS CITY-ST-ZIP	DPTS VASQUEZ, RALPH 1 SNAP DRAGON CT HOMOSASSA, FL 34446 <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
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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: 	DATE: 1/30/07	DAYTIME PHONE: 407-433-2913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		