2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000064749

Current Principal Place of Business:

Entity Name: VITPARTS STABLE CORP.

FILED Apr 27, 2008 Secretary of State

7025 NW 52ND STREET UNIT 201-C MIAMI, FL 33166 US		7025 NW 52ND STREET UNIT 201-C MIAMI, FL 331664846 U	S
Current Mailing Address	:	New Mailing Address:	
7025 NW 52ND STREET UNIT 201-C MIAMI, FL 33166 US		7025 NW 52ND STREET UNIT 201-C MIAMI, FL 331664846 U	8
FEI Number: 20-2785740	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	

New Principal Place of Business:

MANZANO, ALBERTO S 662 NW 170TH TERR. PEMBROKE PINES, FL 330282112 US

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.

SIGNATURE: Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

662 NW 170TH TERR.

PEMBROKE PINES, FL 330282112

Address: City-St-Zip:

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S () Delete Title: (X) Change () Addition VITALE, GUIDO Name: Name: VITALE, GUIDO CALLE 200 EDIF VIT-MART Address: 7025 NW 52ND STREET-STE 201C Address: City-St-Zip: QUINTA CREPSO-CARACAS, VEN, XX City-St-Zip: MIAMI, FL 331664846 US () Delete Title: VP/T Title: () Change () Addition VITALE, MAURIZIO Name: Name: CALLE 200 EDIF VIT-MART Address: Address: QUINTA CREPSO-CARACAS, VEN, XX City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition MANZANO, ALBERTO S Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: GUIDO VITALE PRES 04/27/2008