



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000084309			
1. Entity Name VONSARELL FINANCIAL CORPORATION			
Principal Place of Business 16200 GOLF CLUB ROAD #209 WESTON, FL 33326	Mailing Address 16200 GOLF CLUB ROAD #209 WESTON, FL 33326		
			
		02052007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 42-1672164	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RENGIFO LLERAS, CARLOS E 16200 GOLF CLUB ROAD #209 WESTON, FL 33326			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PVT RENGIFO LLERAS, CARLOS E 16200 GOLF CLUB ROAD #209 WESTON, FL 33326		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PVT DE RENGIFO, ISMELIA D 16200 GOLF CLUB ROAD #209 WESTON, FL 33326		
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TITLE NAME STREET ADDRESS CITY-ST- ZIP			
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: <u>Carlos E. Rengifo Lleras</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Feb 12 th , 2007 (954) 385 8320 <small>Date Daytime Phone #</small>	