2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000093079

MIAMI, FL 33196

City-St-Zip:

Entity Name: VASCOMELE SERVICES, INC

FILED Apr 28, 2006 Secretary of State

Entity Nar	ne: VASCO	DIVIELE SERVICES, INC.					
Current P	rincipal Pla	ice of Business:	New Prin	New Principal Place of Business:			
5481 WES	T ATLANTI	C BLVD					
#123 MARGATE	E, FL 33063						
	•		New Mail	ina Addraga			
Current W	ailing Add	iess.	Mew Man	ing Address:			
5481 WES #123	T ATLANTI	C BLVD					
	E, FL 33063						
FEI Number:	65-1254136	FEI Number Applied For	() FEI Number Not App	olicable ()	Certificate of Status De	sired ()	
Name and	Address o	f Current Registered Age	ent: Name and	Name and Address of New Registered Agent:			
#123	EDWIN T ATLANTI E, FL 33063						
The above	,		or the purpose of changing	its registered of	fice or registered age	ent, or both,	
SIGNATUR	RE:						
	Elect	ronic Signature of Register	ed Agent		Date		
Election Car	npaign Finan	cing Trust Fund Contribution ().				
OFFICERS	S AND DIRI	ECTORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	N LAUDERD	MC NAB ROAD ALE, FL 33068	Title: Name: Address: City-St-Zip:	PINEDA, EDWIN 5611 WEST MC N LAUDERDALE	NAB ROAD E, FL 33068		
Title: Name: Address: City-St-Zip:		() Delete :RCEDES MC NAB ROAD ALE, FL 33068	Title: Name: Address: City-St-Zip:	VPD (X) PINEDA, MERC 5611 WEST MC N LAUDERDALE	NAB ROAD		
Title: Name: Address: City-St-Zip:	D VASQUEZ, 3 13960 S W MIAMI, FL 3	160 AVE	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address:	D PINEDA, DA 13960 S W		Title: Name: Address:	()	Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: EDWIN PINEDA PD 04/28/2006