2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000093079

Entity Name: VASCOMELE SERVICES, INC.

FILED Jun 19, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5481 WEST ATLANTIC BLVD 13960 SW 160 AV #123 MIAMI, FL 33196

MARGATE, FL 33063

Current Mailing Address: New Mailing Address:

5481 WEST ATLANTIC BLVD 13960 SW 160 AV #123 MIAMI, FL 33196

MARGATE, FL 33063

FEI Number: 65-1254136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PINEDA, EDWIN
5481 WEST ATLANTIC BLVD
#123
MARGATE, FL 33063 US

PINEDA, DAVID
13960 SW 160 AV
MIAMI, FL 33196 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: DAVID PINEDA 06/19/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition
Name: PINEDA, EDWIN Name: PINEDA, DAVID
Address: 1335 SW 46 AV # 713

 Address:
 1235 SW 46 AV. #713
 Address:
 13960 SW 160 AV

 City-St-Zip:
 POMPANO BEACH, FL 33069
 City-St-Zip:
 MIAMI, FL 33196

 Title:
 VPD () Delete
 Title:
 VPD (X) Change () Addition

 Name:
 PINEDA, MERCEDES
 Name:
 VASQUEZ, JOSE

 Address:
 1235 SW 46 AV. #713
 Address:
 13960 SW 160 AV

 City-St-Zip:
 POMPANO BEACH, FL 33069
 City-St-Zip:
 MIAMI, FL 33196

Title: D (X) Delete Title: () Change () Addition

 Name:
 VASQUEZ, JOSE
 Name:

 Address:
 13960 S W 160 AVE
 Address:

 City-St-Zip:
 MIAMI, FL 33196
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 PINEDA, DAVID
 Name:

 Address:
 13960 S W 160 AVE
 Address:

 City-St-Zip:
 MIAMI, FL 33196
 City-St-Zip:

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.

SIGNATURE: DAVID PINEDA PD 06/19/2008