


FILED
Feb 07, 2008 8:00 am
Secretary of State

01-09-2008 90011 030 ***150.00


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000152500	
Entity Name VINCENT & SONS ENTERPRISES, INC	

Principal Place of Business 281 NW 104TH STREET MIAMI, FL 33150 US	Mailing Address 4723 SW 176TH TERRACE HOLLYWOOD, FL 33029 US
--	--

DO NOT WRITE IN THIS SPACE

66000852



01032008 No Chg-P CR2E034 (11/05)

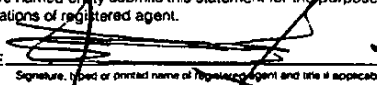
4. FEI Number 20-3801789	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**VINCENT, SERLIAU
281 NW 104TH STREET
MIAMI, FL 33150**

**DO NOT WRITE
IN THIS SPACE**

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  (NOTE: Registered Agent signature required when reinstating) **01/04/08** Date

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**


9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD,T VINCENT, SERLIAU 281 NW 104TH STREET MIAMI, FL FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VINCENT, KENLEY S 281 NW 104TH STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINCENT, DELOURDES M 281 NW 104TH STREET MIAMI, FL 3315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXC VINCENT, SUKAINA 281 NW 104TH STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXC KHAWLY, STEEVE 1092 HIDDEN VALLEY WAY WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. 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  **02/04/08** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR