

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000077029

FILED
Feb 05, 2009
Secretary of State

Entity Name: VENDAIRE CAPITAL INTERNATIONAL, INC.

Current Principal Place of Business:

199 EAST FLAGLER ST, 550
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

199 EAST FLAGLER ST, 550
MIAMI, FL 33131

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRAVES, DONNA L
THE DRAVES LAW FIRM, P.A.
120 E CONCORD STREET
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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 ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZATYLN, THOMAS J
Address: 906 SW SAINT LUCIE WEST BLVD # 278
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: LANDRY, CLAUDE DR.
Address: 906 SW SAINT LUCIE WEST BLVD # 278
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: GOULIARIS, DENIS G
Address: 906 SW SAINT LUCIE WEST BLVD # 278
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: LARRIVEE, RENALD
Address: 5065 JOLLIET STREET
City-St-Zip: SAINT HYACINTHE, QUEBEC, CA, J2S3X6

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LEGAULT, YVES
Address: 14025 MARIE-VICTORIN BLVD
City-St-Zip: SOREL-TRACY, QC J2S3X6 CA

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: THOMAS J. ZATYLN

D

02/05/2009

Electronic Signature of Signing Officer or Director

Date