

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90031 011 ***150.00

DOCUMENT # P06000102862

1. Entity Name
VAYBAR CORPORATION



Principal Place of Business
**1284 PEREGRINE WAY
WESTON, FL 33327 US**

Mailing Address
**1284 PEREGRINE WAY
WESTON, FL 33327 US**

2. Principal Place of Business - No P.O. Box #
4201 E. 10th LN

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hialeah, FL

City & State

Zip
33013

Country

Zip

Country

02012008

Chg-P

CR2E034 (12/06)

4. FEI Number
20-5345655

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARRERO, JOSE C
1820 NORTH CORPORATE LAKES BLVD
SUITE # 105
WESTON, FL 33326**

7. Name and Address of New Registered Agent

Name **VINGIANZA AYBAR**
Street Address (P.O. Box Number is Not Acceptable)
1248 Peregrine Way
City **Weston** **FL** Zip Code **33327**

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 **X V. Marrero**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/01/08
DATE

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

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **AYBAR, VINGIANZA**
STREET ADDRESS **1284 PEREGRINE WAY**
CITY-ST-ZIP **WESTON, FL 33327**

TITLE **S** ☐ Delete
NAME **AYBAR, VINGIANZA**
STREET ADDRESS **1284 PEREGRINE WAY**
CITY-ST-ZIP **WESTON, FL 33327**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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: **X V. Marrero**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/08 305-685-0592
Date Daytime Phone #