



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90081 002 ***150.00

DOCUMENT # P07000012635 1. Entity Name VINDAGRA USA INC.																										
Principal Place of Business 433 PLAZA REAL STE 275 BOCA RATON, FL 33432			Mailing Address 433 PLAZA REAL STE 275 BOCA RATON, FL 33432																							
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																								
City & State Zip Country		City & State Zip Country		01022008 Chg-P CR2E034 (12/06)																						
4. FEI Number 20-8356659				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 MCMAHON, KAREN 7765 YARDLY DRIVE APT 107E TAMARAC, FL 33321			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																							
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 <u><i>Karen A. McMahon</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete <input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MCMAHON, KAREN</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>60 WESTWOOD AVE DEER PARK, NY 11729</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input checked="" type="checkbox"/>	STREET ADDRESS	MCMAHON, KAREN		CITY - ST - ZIP	60 WESTWOOD AVE DEER PARK, NY 11729		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Change <input type="checkbox"/></td> <td style="width:10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MCMAHON, KAREN</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>60 WEATHERVANE WAY DIX HILLS N.Y. 11746</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	STREET ADDRESS	MCMAHON, KAREN			CITY - ST - ZIP	60 WEATHERVANE WAY DIX HILLS N.Y. 11746		
TITLE	NAME	Delete <input checked="" type="checkbox"/>																								
STREET ADDRESS	MCMAHON, KAREN																									
CITY - ST - ZIP	60 WESTWOOD AVE DEER PARK, NY 11729																									
TITLE	NAME	Change <input type="checkbox"/>	Addition <input type="checkbox"/>																							
STREET ADDRESS	MCMAHON, KAREN																									
CITY - ST - ZIP	60 WEATHERVANE WAY DIX HILLS N.Y. 11746																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Change <input type="checkbox"/></td> <td style="width:10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	STREET ADDRESS				CITY - ST - ZIP			
TITLE	NAME	Delete <input type="checkbox"/>																								
STREET ADDRESS																										
CITY - ST - ZIP																										
TITLE	NAME	Change <input type="checkbox"/>	Addition <input type="checkbox"/>																							
STREET ADDRESS																										
CITY - ST - ZIP																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Change <input type="checkbox"/></td> <td style="width:10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	STREET ADDRESS				CITY - ST - ZIP			
TITLE	NAME	Delete <input type="checkbox"/>																								
STREET ADDRESS																										
CITY - ST - ZIP																										
TITLE	NAME	Change <input type="checkbox"/>	Addition <input type="checkbox"/>																							
STREET ADDRESS																										
CITY - ST - ZIP																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Change <input type="checkbox"/></td> <td style="width:10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	STREET ADDRESS				CITY - ST - ZIP			
TITLE	NAME	Delete <input type="checkbox"/>																								
STREET ADDRESS																										
CITY - ST - ZIP																										
TITLE	NAME	Change <input type="checkbox"/>	Addition <input type="checkbox"/>																							
STREET ADDRESS																										
CITY - ST - ZIP																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Change <input type="checkbox"/></td> <td style="width:10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	STREET ADDRESS				CITY - ST - ZIP			
TITLE	NAME	Delete <input type="checkbox"/>																								
STREET ADDRESS																										
CITY - ST - ZIP																										
TITLE	NAME	Change <input type="checkbox"/>	Addition <input type="checkbox"/>																							
STREET ADDRESS																										
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: *Karen A. McMahon* 1-8-08 516-449-2784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #