


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90015 021 ***158.75

DOCUMENT # P07000074520		
1. Entity Name VANGUARD INVESTMENTS, INC.		

Principal Place of Business 6740 NW 114 AVE # 723 DORAL, FL 33178 US	Mailing Address 6740 NW 114 AVE # 723 DORAL, FL 33178 US
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40102980



2. Principal Place of Business - No P.O. Box # 1900 N BAYSHORE DR Suite, Apt. #, etc. 1511	3. Mailing Address 1900 N BAYSHORE DR Suite, Apt. #, etc. 1511
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05132008 Chg-P CR2E034 (12/06)

City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33132	Zip 33132
Country US	Country US

4. FEI Number 11-3817161	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DOMINGUEZ, ABELARDO R 6740 NW 114 AVE # 723 DORAL, FL 33178	
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7. Name and Address of New Registered Agent Name: DOMINGUEZ, ABELARDO R Street Address (P.O. Box Number is Not Acceptable) 1900 N BAYSHORE DR #1511 City: MIAMI FL Zip Code: 33132	
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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>Abelardo Dominguez</u> ABELARDO DOMINGUEZ 5/13/08 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOMINGUEZ, ABELARDO R 6740 NW 114 AVE # 723 DORAL, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOMINGUEZ, ABELARDO R 1900 N BAYSHORE DR #1511 MIAMI, FL 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Abelardo Dominguez</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	5/13/08 786-271-2053 Date Daytime Phone #