2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 8:00 am
Secretary of State
01-10-2008 90009 026 ***163.75

DOCUMENT # P07000085580

1. Entity Name
VITGIA, INC.

Principal Place of Business	Mailing Address
1575 S FEDERAL HWY 212 BOCA RATON, FL 33432	1575 S FEDERAL HWY 212 BOCA RATON, FL 33432

01092008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1625 South Congress ave	1625 South Congress ave
Suite, Apt. #, etc. 100	Suite, Apt. #, etc. 100
City & State Delray Beach FL	City & State Delray Beach FL
Zip 33445 Country Palm beach	Zip 33445 Country Palm beach

4. FEI Number 56-2672657 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VITULANO, JASON 1575 S FEDERAL HWY 212 BOCA RATON, FL 33432	Name Jason Vitulano Street Address (P.O. Box Number is Not Acceptable) 17874 lake azure way Boca Raton FL City Boca Raton FL Zip Code 33496

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 [signature] 1/9/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VITULANO, JASON		NAME		
STREET ADDRESS	1575 S FEDERAL HWY 212		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #