## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000026825

Entity Name: VERTIGLO INC

FILED May 04, 2009 Secretary of State

		.0 1110			
Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	COLONIAL DR	IVE			
211 ORLANDO	D, FL 32803				
Current Mailing Address:			New Mailing Address:		
	COLONIAL DR	IVE			
211 ORLANDO	), FL 32803				
FEI Number	: 26-2168213	FEI Number Applied For ( )	FEI Number Not App	icable ( ) Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and	Address of New Registered Agent:	
3208C E. ( 211 ORLANDO The above	ROBERT F COLONIAL DR D, FL 32803 L named entity of Florida.	JS	ourpose of changing i	ts registered office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	t receive the prior notic	е.	
	S AND DIREC		ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LUKHBIR, ROC	ONIAL DRIVE 211	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition LUKE, ROOPRA S 3208C E. COLONIAL DRIVE 211 ORLANDO, FL 32803	
Title: Name: Address: City-St-Zip:	SOLA, JOYCE	ONIAL DRIVE 211	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MOORTHY, VIV	ONIAL DRIVE 211	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	THAMPY, ASH	ONIAL DRIVE 211	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BRODEL, MICH	ONIAL DRIVE 211	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: MICHAEL BRODEL MAR 05/04/2009