

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P39029

1. Entity Name
VITRO AMERICA, INC.



Principal Place of Business

**965 RIDGE LAKE BLVD
MEMPHIS, TN 38120**

Mailing Address

**VITRO AMERICA, INC.
P.O. BOX 171173
MEMPHIS, TN 38187-1173 US**



04032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-0141190

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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, 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**

0000008394187
04/24/08-80018-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GONZALEZ SADA, LUIS 965 RIDGE LAKE BLVD STE 300 MEMPHIS, TN 38120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF CARRILO, ARTURO 965 RIDGE LAKE BLVD SUITE 300 MEMPHIS, TN 38120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARECHAVALETA, JAVIER RICHARD MARGAIN #444 GARZA GARCIA, ML, M 66250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROBINS, MARARET C 965 RIDGE LAKE BLVD SUITE 300 MEMPHIS, TN 38120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB GARCIA, HUGO L MARGAIN #444-COL. VALLE DEL CAMPESTRE GARZA GARCIA, NI, MX 66250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BOND-ALYEA, LURA 965 RIDGE LAKE BLVD STE 300 MEMPHIS, TN 38120

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/08

Date

901-767-7111

Daytime Phone #