

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # P94000038723

1. Entity Name

VEGA & VEGA ASSOCIATES, INC.



Principal Place of Business

1000 PONCE DE LEON BLVD
STE 112
CORAL GABLES FL 33134

Mailing Address

9711 SW 11TH TERRACE
MIAMI FL 33174
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0492914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VEGA, ALFONSO
9711 SW 11TH TERRACE
MIAMI FL 33174

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	VEGA, ALEX	
STREET ADDRESS	9711 SW 11TH TERRACE	
CITY- ST- ZIP	MIAMI FL 33174	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VEGA, ALFONSO	
STREET ADDRESS	9711 SW 11TH TERRACE	
CITY- ST- ZIP	MIAMI FL 33174	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VEGA, MARIANA	
STREET ADDRESS	9711 SW 11TH TERRACE	
CITY- ST- ZIP	MIAMI FL 33174	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VEGA, ARIEL	
STREET ADDRESS	9711 SW 11TH TERR	
CITY- ST- ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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02/07/05-80010-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

[Signature] *Alfonso VEGA - V. Pres.* 2/1/05 (205) 441-1922.