

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**



VEGA &amp; VEGA ASSOCIATES, INC.

Mating Address

9711 SW 11TH TERRACE  
MIAMI FL 33174  
US

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

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

7. Name and Address of New Registered Agent

VEGA, ALFONSO  
9711 SW 11TH TERRACE  
MIAMI FL 33174

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 the Member of Parliament: \_\_\_\_\_

NOTE: Registered Agent and/or required when company is

DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00

**After May 1, 2008 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
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Dele
NAME	VEGA, ALFONSO	
STREET ADDRESS	9711 SW 11TH TERRACE	
CITY-STATE-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-STATE-ZIP	MIAMI FL 33174	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE	

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000819075
STREET ADDRESS	02/15/08-80069-002 150.00
CITY-ST-ZIP	

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			

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-STATE-ZIP	

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 the 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 lists empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ETW

Das ist die Antwort