


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P95000085428 | |
| 1. Entity Name VINCEREMO, INC. | |
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| Principal Place of Business 1727 EAST 7 AVE TAMPA, FL 33605 US | Mailing Address 5020 W. CYPRESS ST. SUITE 200 TAMPA, FL 33607 |



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 4. FEI Number 59-3349258 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MORRIS, ROBERT E 5020 W. CYPRESS ST STE 200 TAMPA, FL 33607 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | U00000545061 05/11/06-80063-002 150.00 DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FENU, GUALTIERO 6412 SOUTH RICHARD AVE TAMPA, FL 33616 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BARTOLI, LUIGI 6323 S HAROLD AVE TAMPA, FL 33616 | |
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| TITLE 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 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: Fenu Gualtiero **FENU GUALTIERO** 4/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone