2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000005159

1. Entity Name
VOSGES OF AMERICA, CORP.

Principal Place of Business	Mailing Address
260 CRANDON BLVD, #32-266 KEY BISCAYNE, FL 33149	PMB 266-260 CRANDON BLVD. STE. 32 KEY BISCAYNE, FL 33149

DO NOT WRITE IN THIS SPACE

04192005　　No Chg-P　　CR2E034 (10/03)

4. FEI Number	Applied For
65-0639766	Not Applicable

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

6. Name and Address of Current Registered Agent

BADREG, GAMAL S
260 CRANDON BLVD, #32-266
KEY BISCAYNE, FL 33149

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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 _____

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 | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | |

10.　　　OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BADREG, GAMAL S
STREET ADDRESS	260 CRANDON BLVD #32-266
CITY-ST-ZIP	KEY BISCAYNE, FL 33149

U00000329190
04/25/05-801C6-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ GAMEL BADREG 4/19/05 3058608266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　Date　Daytime Phone #