

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90022 024 ***150.00

DOCUMENT # P96000050246

1. Entity Name

VECTOR LATINA, INC.



Principal Place of Business

700 S. JOHN RODES BLVD.
SUITE A-1
MELBOURNE FL 32904

Mailing Address

700 S. JOHN RODES BLVD.
SUITE A-1
MELBOURNE FL 32904



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

SUITE C-2

Suite, Apt. #, etc.

SUITE C-2

City & State

City & State

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-3400111

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

KANCILIA, JOHN
1686 W. HIBISCUS BLVD.
MELBOURNE FL 32901

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☐ Delete
NAME RUSSELL, BRYAN G
STREET ADDRESS 700 S. JOHN RODES BLVD., STE. A-1
CITY-ST-ZIP MELBOURNE FL 32904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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

BRYAN RUSSELL

2/10/08 (321) 723-2723

Date

Daytime Phone #