

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000104448

FILED
Apr 30, 2008
Secretary of State

Entity Name: VAGA MANAGEMENT INC.

Current Principal Place of Business:

626 S.W. MCHOLE AVE
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

626 S.W. MCHOLE AVE
PORT SAINT LUCIE, FL 34953

New Mailing Address:

FEI Number: 65-0668314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUCZKOWIEC, ARTHUR
626 SW MCHOLE AVE.
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LUCZKOWIEC, ARTHUR
Address: 1825 FLOWER DR
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S () Delete
Name: PYRKOWSKA, ELZBIETA
Address: 626 S.W. MCHOLE AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: T () Delete
Name: GADOMSKI, EDYTA
Address: 18877 LOXAHATCHEE RIVER RD
City-St-Zip: JUPITER, FL 33458

Title: VP () Delete
Name: LUCZKOWIEC, EWA
Address: 1825 FLOWER DR
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR LUCZKOWIEC

P

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date