2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000014108

1. Entity Name
VANGUARD INTERNATIONAL ENTERPRISES INC.

Principal Place of Business	Mailing Address
6777 71ST ST NORTH PINELLAS PARK, FL, FL 33781	6777 71ST ST NORTH PINELLAS PARK, FL, FL 33781

01182006 'No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3500566
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PINA, EMMANUEL O
6777 71ST ST NORTH
PINELLAS PARK, FL, FL 33781

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000503222
04/26/06-80025-011 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PINA, EMMANUEL O
STREET ADDRESS	6777 71ST ST NORTH
CITY-ST-ZIP	PINELLAS PARK, FL, FL 33781
TITLE	VP
NAME	PINA, NELLIE E
STREET ADDRESS	6777 71ST ST NORTH
CITY-ST-ZIP	PINELLAS PARK, FL, FL 33781
TITLE	TS
NAME	MOORE, ELIZABETH A
STREET ADDRESS	6777 71ST ST NORTH
CITY-ST-ZIP	PINELLAS PARK, FL, FL 33781
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Emmanuel O Pina PRESIDENT 6 APR 06 727-541-3385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #