

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000014108

1. Entity Name
VANGUARD INTERNATIONAL ENTERPRISES INC.



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

Mailing Address
**6777 71ST ST NORTH
PINELLAS PARK, FL, FL 33781**



01072008 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 <input checked="" type="checkbox"/> \$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**

**DO NOT WRITE
IN THIS SPACE**

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 EMMANUEL O. PINA, PRESIDENT *Emmanuel O Pina* 11 JAN 2008
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**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINA, EMMANUEL O 6777 71ST ST NORTH PINELLAS PARK, FL, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PINA, NELLIE E 6777 71ST ST NORTH PINELLAS PARK, FL, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MOORE, ELIZABETH A 6777 71ST ST NORTH PINELLAS PARK, FL, FL 33781
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**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 JAN 2008 727-
544-3385
Date Daytime Phone #