2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCU 1. Entity Nar	MENT # P980000	23952	A				tary of		
VINCON, P.A.		-							
Principal Pig.	on of Business	DESTINA Addison			1				
Principal Place of Business		Mailing Address		}		•			
5703 RED BUG LAKE RD PMB 401		5703 RED BUG LAKE RD PMB 401		} , (gr	Eliggy for color roles decen de	100 - 1 110 - 1	iiii i (6 1 5 1 9 1110 111	DI III II	
WINTER SPRINGS FL 32708 US		WINTER SPRINGS FL 32708 US							
2. Principal Place of Business		3. Mailing Address		1	***************************************	1945 2 2 1 44 4 2 14 3 4 4	H150 10101 -1110 110	1.487 W 1947	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1:	st MOORE	CR2E034	(10/05)		
City & State		City & State			4. FEI Numi	59-35007	37	}·	plied For
Žίρ	Country	Zip	Country		5. Certificat	e of Status Desired	25	8.75 Add	litionat
	6. Name and Address of C	Current Registered Agent			7. Name an	d Address of New	Registered A	gent	
·		Name					•		
GIULIANO, VINCENZO 5732 CANTON COVE WINTER SPRINGS FL 3270			Ste	Street Address (P		ber is Not Acceptal	ole)		
AAtt	vien sprijvos pe szn	U8 							
			Cny				FL	Zip Code	9
6. The above the obliga	e named entity submits this state thons of registered agent.	erhent for the purpose of changing	its registered of	ice or register	red agent, or b	oth, in the State of t	Florida. 1 am f	amiljar with,	and accep
SIGNATURE	Signature, types or pretted name of registe	white and the features of	NATE OF STREET			 	. 0470	···-	
		1	NOTE Registered Agen	водания георисс	a wusú tewatawô)	}	DATE		
After	FILE NOW!!! FEE IS \$150. May 1, 2006 Fee Will Be \$ k Payable to Florida Departr	550.00				9. Election Cam Trust Fund C			00 May Ba d to Fees
10.	OFFICER	RS AND DIRECTORS	11.		ADDITIONS	1 S/CHANGES TO O	FFICERS AND	DIRECTORS	S IN 11
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NAME	GIULIANO, VINCENZO		NAME	1		<u></u>	01552	4	-
STREET ADDRESS CATY-ST-ZIP	5732 CANTON COVE WINTER SPRINGS FL 32708	8		STREET ADORESS CITY -ST-ZIP		02/02/06-8	3UU48-U14	9 155.A	5
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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 regulated 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:

Miso

VINCENZO GIULIANO

1-20-2006

FILED

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