

2006 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 1. Entity Name	S93796
VINTAC CORPORATION	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8360 WEST FLAGLER STREET, SUITE 206 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State
Zip 33144	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0298972	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name TONG, JEANNEY JIN LIN
Street Address (P.O. Box Number is Not Acceptable) 8360 W FLAGLER STREET, SUITE 206
City MIAMI
State FL
Zip Code 33144

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	TONG, JEANNEY JIN LIN	8360 W FLAGLER STREET, SUITE 206	MIAMI, FL 33144
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

11. **DO NOT WRITE IN THIS SPACE**

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04/13/06-00000-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **JEANNEY JIN LIN TONG** **3/20/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR /Date/ Daytime Phone #