


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Aug 23, 2007 08:00 AM
Secretary of State**

DOCUMENT # V56141 1. Entity Name VOCALIS-PRO., INC.	
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Principal Place of Business 11461 ORANGE ST ORLANDO, FL 32836	Mailing Address 11461 ORANGE ST ORLANDO, FL 32836
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08212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3135886	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STOKES, BERYL N. 1035 W DIXIE AVE LEESBURG, FL 34748

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

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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 LUJAN, MANUEL 11461 ORANGE ST ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR LUJAN, MANUEL 11461 ORANGE STREET ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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08/23/07-80002-005 550.00

**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: *Manuel Lujan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/07
Date

407-238-226x
Daytime Phone #