

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVAL
AND
FILED
4/28/2005-90171-001 \$150.00-\$150.00

05 JUL 11 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04) 6

DOCUMENT # P04000158060					
1. Entity Name VHE CORPORATION					
Principal Place of Business 717 PONCE DE LEON BLVD., SUITE 234 CORAL GABLES FL 33134			Mailing Address 717 PONCE DE LEON BLVD., SUITE 234 CORAL GABLES FL 33134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3103188	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FABRE, FRANK R.S. 717 PONCE DE LEON BLVD., SUITE 234 CORAL GABLES FL 33134				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HERRERA, JORGE LUIS		NAME		
STREET ADDRESS	717 PONCE DE LEON BLVD., SUITE 234		STREET ADDRESS		
CITY- ST- ZIP	CORAL GABLES FL 33134		CITY- ST- ZIP		
TITLE	DT	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DIAZ, MARIA PATRICIA		NAME		
STREET ADDRESS	717 PONCE DE LEON BLVD., SUITE 234		STREET ADDRESS		
CITY- ST- ZIP	CORAL GABLES FL 33134		CITY- ST- ZIP		
TITLE	DS	☒ Delete	TITLE	☒ Change	☐ Addition
NAME	LLAURADO, ZADIE		NAME	FABRE, FRANK R. S.	
STREET ADDRESS	717 PONCE DE LEON BLVD., SUITE 234		STREET ADDRESS	717 Ponce de Leon Blvd., Suite 234	
CITY- ST- ZIP	CORAL GABLES FL 33134		CITY- ST- ZIP	Coral Gables, FL 33134	
TITLE	AS	☒ Delete	TITLE	☐ Change	☐ Addition
NAME	FABRE, FRANK R.S.		NAME		
STREET ADDRESS	717 PONCE DE LEON BLVD., SUITE 234		STREET ADDRESS		
CITY- ST- ZIP	CORAL GABLES FL 33134		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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 Block 11 if changed, or on an attachment with an address, with or without other like empowered.					
SIGNATURE _____			Frank R. S. Fabre 4/1/05 305-446-3266 Date Daytime Phone #		