



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G62975 1. Entity Name VTX MIAMI, INC.						FILED 06 MAY -8 AM 7:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7300 NW 35TH TERR MIAMI, FL 33122 US				Mailing Address C/O RICHARDS 2665 SOUTH BAYSHORE DR #703 MIAMI, FL 33133 US			
2. Principal Place of Business		3. Mailing Address 2665 S. Bayshore Drive					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Suite 703					
City & State 		City & State Miami, FL					
Zip 		Country 		Zip 33133		Country USA	
4. FEI Number 59-2327244				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent POLANSKY, MITCHELL S 2665 S BAYSHORE DR #703 MIAMI, FL 33133				7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Delete GARCIA, JOSE 7300 NW 35TH TERR MIAMI, FL 33122			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete MATOS, TOMAS 7300 NW 35TH TERR MIAMI, FL 33122			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete BELSOL, JOSE MANUEL 7300 NW 35TH TERR MIAMI, FL 33122			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 900075073889 05/23/06--01010--002 **1200.00 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete BACAL, SHIKE 7300 NW 35TH TERR MIAMI, FL 33122			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Delete RICHARDS, TIMOTHY D 2665 S BAYSHORE DR #703 MIAMI, FL 33133			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4/26/06 Daytime Phone # (305) 858-9900			