2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G62975 1. Entity Name VTX MIAMI, INC.					FILED O7 JUL -5 AM 9: 36				
Principal Place of Business 7300 NW 35TH TERR MIAMI, FL 33122 US		Mailing Address 2665 S. BAYSHORE DR. SUITE 703 MIAMI, FL 33133 US			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04302007	Chg-P	CR2E034	(12/06)	
City & State		City & State		4. FEI Number 59-232			\rightarrow	plied For t Applicable	
₹ip	Country	Zip	Zip Country		5. Certificate	of Status Desired		.75 Add	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
POLANSKY, MITCHELL S 2665 S BAYSHORE DR #703				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL	33133								7.
				City FL Zip Code					9
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 side if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.	OFFICERS AND CD	DIRECTORS Delete	11.		ADDITIONS/	CHANGES TO OFF		RECTORS Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	GARCIA, JOSE 7300 NW 35TH TERR MIAMI, FL 33122	Delete	NAME	ADORESS IT-ZIP				1 overibe	L. Accilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MATOS, TOMAS 7300 NW 35TH TERR MIAMI, FL 33122	ATOS, TOMAS NAI 00 NW 35TH TERR STR			Change Addition 800105746738 07/09/07-01035002 **1700.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELSOL, JOSE MANUEL 7300 NW 35TH TERR MIAMI, FL 33122	☐ Delete	TITLE NAME STREET CITY-S	ADORESS T-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BACAL, SHIKE 7300 NW 35TH TERR MIAMI, FL 33122	□ Delete	TITLE NAME STREET CITY-S	ADORESS .] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RICHARDS, TIMOTHY D 2665 S BAYSHORE DR #703 MIAMI, FL 33133	☐ Delete	TITLE NAME STREET City-S	AODRESS IT-ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY -ST-ZIP		☐ Delete	CITY-S		37/	1/67] Change	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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter (307) chapter 607. Florida Statutes as in Block 10 or Block 11 if chapter (307) chapter 607. Florida Statutes as in Block 10 or Block 11 if chapter (307) chapter 607. Florida Statutes as in Electric florida Statutes and that my name appears in Block 10 or Block 11 if chapter (307) chapter 607. Florida Statutes are found in Electric 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 trusted empowered to execute this report as required by Chapter 607. Florida Statutes. I further certify that the information indicated on this 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 trusted empowered to execute this report as a 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 trusted empowered to execute this report as a supplemental report is true 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 of the cor									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daylima Phone #									