

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 463428

1. Entity Name
VIES, INC.



Principal Place of Business

5815 SW 68 ST.
MIAMI, FL 33143

Mailing Address

5815 SW 68 ST.
MIAMI, FL 33143



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1561138

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, WALTER B
5815 SW 68TH STREET
MIAMI, FL 33143

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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 \$150.00
After May 1, 2006 Fee will be \$550.00

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
PD
MARTINEZ, WALTER B.
5815 SW 68TH STREET
MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HOLT, TERRY L
5815 SW 68TH STREET
MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CALCINES, FERNANDO
5815 SW 68TH STREET
MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: Walter B Martinez **WALTER B. MARTINEZ** JAN. 11, 2006 305-663-7301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #