

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 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**



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1561138

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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 \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARTINEZ, WALTER B.
STREET ADDRESS 5815 SW 68TH STREET
CITY ST ZIP MIAMI, FL 33143

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

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

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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TITLE
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STREET ADDRESS
CITY ST ZIP

U00000586352
01/16/07-80050-015 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 11, 2007

Date

206-463-7201

Daytime Phone