


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90108 001 ***150.00

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|---|---|
| DOCUMENT # 522947 |  |
| 1. Entity Name VIAL CORPORATION | |

| | |
|---|---|
| Principal Place of Business 30 S.W. 23RD AVENUE MIAMI, FL 33135 | Mailing Address 30 S.W. 23RD AVENUE MIAMI, FL 33135 |
|---|---|

DO NOT WRITE IN THIS SPACE



02222006 No Chg-P CR2E034 (11/05)

| | |
|---|-------------------------------|
| 4. FEI Number 59-1714043 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**ALONSO, VICTOR MANUEL
30-S.W. 23RD AVE.
MIAMI, FL 33129**

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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 reinstating) DATE _____

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|---|--|
| 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

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD ALONSO, VICTOR MANUEL 30-S.W. 23RD AVENUE MIAMI FL, |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD AIL, MARIA J. 30-S.W. 23RD AVENUE MIAMI FL, |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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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 life empowered.

SIGNATURE: Victor Manuel Alonso **President** 4/25/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #