
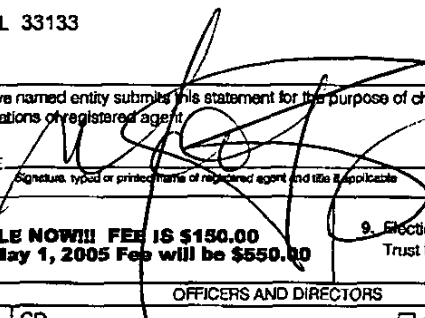
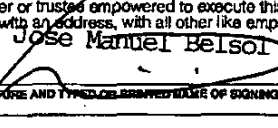


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 MAY -4 PM 5:26
SECH. DIV. STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G62975					
1. Entity Name VTX MIAMI, INC.					
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		
Suite Apt # etc			Suite Apt # etc		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2327244	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC 2665 SOUTH BAYSHORE DR #703 MIAMI, FL 33133				7. Name and Address of New Registered Agent Name Mitchell S. Polansky Street Address (P.O. Box Number is Not Acceptable) 2665 S. Bayshore Drive, #703 City Miami FL 33133	
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  Mitchell S. Polansky DATE 4/29/05 (NOTE: Registered Agent signature required when renewing)					
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GARCIA JOSE 7300 NW 35TH TERR MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MATOS, TOMAS 7300 NW 35TH TERR MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800054318558 05/12/05--01002--019 **2002.SU <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELSOL, JOSE MANUEL 7300 NW 35TH TERR MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BACAL, SHIKE 7300 NW 35TH TERR MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RICHARDS, TIMOTHY D 2665 S BAYSHORE DR #703 MIAMI, FL 33133 <input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(f), 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:  Jose Manuel Belsol			Date 4/29/05 (305) 858-9900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		