

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H12865

1. Entity Name
VI-CHEM, INC.



Principal Place of Business

7210 NW 77 STREET *Changed*
MEDLEY, FL 33166

Mailing Address

% IVAN A. GOMEZ, ESQ.
601 BRICKELL KEY DR. SUITE 507
MIAMI, FL 33131

2. Principal Place of Business : No. P.O. Box #
8422 N.W. - 66 St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLA

City & State

Zip
33166

Country
U.S.A.

Zip

Country

6. Name and Address of Current Registered Agent

IAG CORPORATE SERVICES, INC
601 BRICKELL KEY DRIVE
SUITE 507
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO CARRILLO, VIRIATO 4110 ALHAMBRA CIRCLE CORAL GABLES, FL	<input checked="" 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	STD CARRILLO, VIRGINIA 4110 ALHAMBRA CIRCLE CORAL GABLES, FL	<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	P CARRILLO, VIRIATO A 5866 SW 42 ST. MIAMI, FL 33155	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Chairman of the Board / P.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>CARRILLO, VIRIATO A 5866 SW 42 ST. MIAMI, FL 33155</i>
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
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
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 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:

Viriato A. Carrillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305)371-9213

Viriato A. Carrillo, President

**FILED
May 19, 2008 8:00 am
Secretary of State**

05-19-2008 90032 032 ***158.75

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