


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L03000027003</b> 1. Entity Name <b>VIGOR INVESTMENTS GROUP, LLC</b>						<b>FILED</b> <b>08 JUL 29 PM 1:15</b> STATE <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>6043 NW 167TH ST UNIT A-15 HIALEAH, FL 33015</b>				Mailing Address <b>15476 NW 77TH. CT. SUITE 246 MIAMI LAKES, FL 33016</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip      Country				4. FEI Number <b>91-2194773</b>			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> ALFONSO, JOSE J 7932 NW 164TH TERRACE MIAMI LAKES, FL 33016				<b>7. Name and Address of New Registered Agent</b> Name <b>MERCEDES E. ALFONSO</b> Street Address (P.O. Box Number is Not Acceptable) <b>8752 NW 142 Lane.</b> City <b>Miami</b> FL      Zip Code <b>33018</b>			
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 <i>Mercedes E. Alfonso</i> (NOTE: Registered Agent signature required when reinstating)      DATE							
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008				In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>ALFONSO, JOSE J</b> <b>6043 N.W. 167TH STREET, UNIT A-15</b> <b>MIAMI, FL 33015</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200134017188</b> <b>08/06/08--01009--006 **138.75</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Mercedes E. Alfonso</b> <b>8752 NW 142 Lane.</b> <b>Miami FL 33018</b>		
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		
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		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: <i>Mercedes E. Alfonso</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date <b>7-24-08</b> Daytime Phone #			