


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90019 027 ***150.00

DOCUMENT # L04620
 1. Entity Name
V.C.M., INC.



Principal Place of Business Mailing Address
7850 NW 64 STREET **7850 NW 64 STREET**
MIAMI FL 33166 **MIAMI FL 33166**
US **US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
11091 N.W. 27 ST **11091 N.W. 27 ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 100 **SUITE 100**

City & State City & State
DORAL, FL **DORAL, FL**

Zip Country Zip Country
33172 USA **33172 USA**

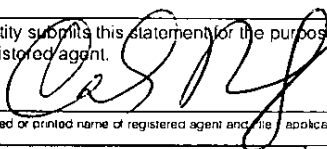
1st MOORE CR2E034 (10/06)

4. FEI Number **65-0132918** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MELENDEZ, CARLOS
7850 N.W. 64ST
MIAMI FL 33166

7. Name and Address of New Registered Agent
 Name **CARLOS MELENDEZ**
 Street Address (P.O. Box Number is Not Acceptable)
11091 N.W. 27 ST SUITE 100
 City **DORAL** **FL** Zip Code **33172**

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  DATE _____
Signature, typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MELENDEZ, CARLOS	
STREET ADDRESS	11091 NW 27TH ST., SUITE 100	
CITY-ST-ZIP	DORAL FL 33172	
TITLE	V	<input type="checkbox"/> Delete
NAME	CALDERON, STEVE	
STREET ADDRESS	6100 MONTGOMERY DR	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **CARLOS MELENDEZ** **3/7/07** **305-592-1223**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #