

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
7850 NW 64 STREET
MIAMI FL 33166
US

Mailing Address
7850 NW 64 STREET
MIAMI FL 33166
US



2. Principal Place of Business - No P.O. Box #

11091 N.W. 27 ST

3. Mailing Address

11091 N.W. 27 ST

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

DORAL, FL

City & State

DORAL, FL

Zip

33172

Country

USA

Zip

33172

Country

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MELENDEZ, CARLOS ☐ Delete
STREET ADDRESS 11091 NW 27TH ST., SUITE 100
CITY-ST-ZIP DORAL FL 33172

TITLE V
NAME CALDERON, STEVE ☐ Delete
STREET ADDRESS 6100 MONTGOMERY DR
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07

Date

305-592-1223

Daytime Phone #