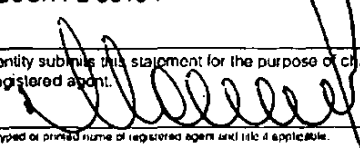
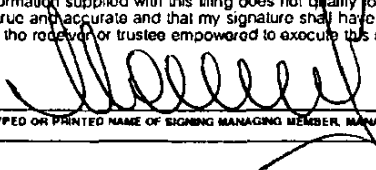


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-13-2007 90122 018 ****50.00

DOCUMENT # L06000073397					
1. Entity Name VM GLOBAL INVESTMENT, LLC					
Principal Place of Business 10225 COLLINS AVE #302 BAL HARBOUR FL 33154 US			Mailing Address 10225 COLLINS AVE #302 BAL HARBOUR FL 33154 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-5256984	
				Applied For ☐ \$5.00 Additional Fee Required ☐ Not Applicable	
5. Certificate of Status Desired ☐					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MALAKHOV, VLADIMIR 10225 COLLINS AVE #302 BAL HARBOUR FL 33154				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State 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 				DATE 3/1/07	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining.)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	MALAKHOV, VLADIMIR			NAME	
STREET ADDRESS	10225 COLLINS AVE #302			STREET ADDRESS	
CITY- ST- ZIP	BAL HARBOUR FL 33154			CITY- ST- ZIP	
TITLE	MGRM	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	MALAKHOVA, LUDMILA			NAME	
STREET ADDRESS	10225 COLLINS AVE #302			STREET ADDRESS	
CITY- ST- ZIP	BAL HARBOUR FL 33154			CITY- ST- ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
11. 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 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 registered or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				Date 3/1/07 (305) 868-5033	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	