2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000094877

1. Entity Name
VPW-MARTINO, LLC

Principal Place of Business	Mailing Address
4421 SW 74 AVENUE MIAMI, FL 33155 US	4444 SW 71 AVENUE SUITE 101A MIAMI, FL 33155 US

DO NOT WRITE IN THIS SPACE

01042008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
13-4344053	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

VEITIA, AGUSTIN E
4444 SW 71 AVENUE
SUITE 101B
MIAMI, FL 33155

**DO NOT WRITE
IN THIS SPACE**

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 $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	VEITIA, AGUSTIN E
STREET ADDRESS	4444 SW 71 AVENUE, SUITE 101B
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	MGRM
NAME	PADRON, ROBERTO
STREET ADDRESS	4444 SW 71 AVENUE, SUITE 101B
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	MGRM
NAME	WESTON, JOHN S
STREET ADDRESS	7250 SW 39 TERRACE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000789397
01/22/08-80023-014 138.75

**DO NOT WRITE
IN THIS SPACE**

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: ___1/9/08___ Agustin Veitia ___305 469-8575___

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #