

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90135 005 ***150.00

DOCUMENT # M09603		
1. Entity Name VICMAP, CORP.		
Principal Place of Business 2340 SW ST MIAMI FL 33137	Mailing Address 10630 SW 7TH TERR. MIAMI FL 33174	
2. Principal Place of Business 2340 SW. 8th Street	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State Miami FL	City & State	
Zip 33135	Country USA	4. FEI Number 59-2475828
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent CRUZ, PILAR 10630 SW 7TH TERR MIAMI FL 33174		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		FL	

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRUZ, VICTOR 10630 SW 7 TERR MIAMI FL 33174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President VICTOR IVAN CRUZ 10630 SW 7th Terr Miami FL 33174
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRUZ, VICTOR I 10630 SW 7 TERR MIAMI FL 33174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRUZ, PILAR 10630 SW 7 TERR MIAMI FL 33174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PILAR CRUZ 10630 SW 7 Terr Miami FL 33174
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary ARACELY Gonzalez Cruz 10630 SW 7th Terr Miami FL 33174
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Pilar Cruz* **4/15/05** **786-356-8236**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #