




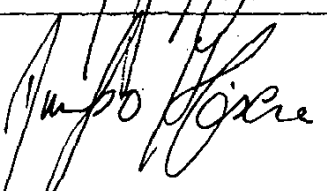
FILED
Jul 17, 2007 8:00 am
Secretary of State

04-17-2007 90055 032 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000004422		
1. Entity Name VITAMINS CONNECTION CENTER, INC.		
Principal Place of Business 6802 NW 77 CT MIAMI, FL 33166	Mailing Address 6802 NW 77 CT MIAMI, FL 33166	66020426 
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TISERA, DOMINGO H 7525 NW 8 ST MIAMI, FL 33126		
DO NOT WRITE IN THIS SPACE		4. FEI Number 65-0982030 Applied For Not Applicable
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.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
SIGNATURE <small>Signature, typed or printed name of registered agent and city if applicable (NOTE: Registered Agent signature required when reappointing)</small>		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE COPY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TISERA, DOMINGO H 11757 SW 90TH TERRACE MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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 Chapter 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 and all other like empowered.		
SIGNATURE:  (DIRECTOR)		Date: 5/01/07 786-338-7929

*



ATTACHMENT
66020426



VITAMINS CONNECTION CENTER, INC
6802 N.W. 77th Court.
Miami, FL 33166

July 12, 2007

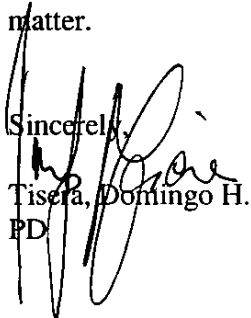
FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32314

ref. # P00000004422
ref. FEI # 65-0982030

Dear Sirs,

On April 23 we received a letter from your office stated that the 2007 Profit Corporation Annual Report had not been filed. We signed the form and mailed it out. Yesterday, after receiving a Notice of Intent to Dissolve we got in contact with one of your representatives by calling 850-245-6056 whom instructed us to write this letter requesting the waving of the penalty fee as we did paid, filed and resent the signed application form which you will get a copy of.

We have re-signed it as per your representative's instructions and will include it along with copies of the cashed check, back statement showing the transaction, and you previous notice. Thank you in advance for your assistance in resolving this important matter.

Sincerely,

Tisera, Domingo H.
PD

THIS DOCUMENT HAS A GRADUATED BACKGROUND, DARK TO LIGHT. THE REVERSE SIDE INCLUDES AN ARTIFICIAL WATERMARK.

VITAMINS CONNECTION CENTER, INC.
DBA V.C.C. INTERNATIONAL
6802 NW 77TH COURT
MIAMI FL, 33166

ATTACHMENT

66020426

WASHINGTON MUTUAL BANK
10795 NW 58TH STREET
MIAMI-DORAL ISLES, FL 33178

40065063

1417

Pay to the Order of FLORIDA DEPARTMENT OF STATE

135128132 04-23-07 7741 04

4/11/2007

C31

Exactly

One Hundred Fifty and 00/100*****
*** Dollars

\$**150.00*

Memo: DOCUMENT#P00000004422 FEI#65-0982030 ✓

[Signature]

INCLEARINGS
MIAMI FL
135128132 04-23-07

C31

BANK OF AMERICA NA JAX
#063000047# E4625 90 P33
04/20/07

5940786422

APR 20 07

7333 06232

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1008068786
APR 17 2007



ATTACHMENT

66020426

P00000004422

This Statement Covers

Account Number: 312-499346-6

From: 04/01/07

Through: 04/30/07

Checks Paid					
Check Number	Amount	Date	Check Number	Amount	Date
1374	36.69	04/09	1410	14.00	04/30
1375	776.49	04/05	1411	68.13	04/26
1378*	562.87	04/18	1412	169.00	04/27
1379	2,157.12	04/02	1413	49.77	04/20
1380	359.10	04/03	1414	64.19	04/20
1381	2,085.00	04/05	1416*	200.00	04/30
1382	500.00	04/05	1417	150.00	04/23
1383	6,400.00	04/04	1418	334.70	04/13
1385*	47.52	04/13	1419	5,120.00	04/19
1386	26.91	04/11	1420	5,120.00	04/20
1388*	418.13	04/10	1421	166.00	04/26
1392*	436.99	04/30	1422	368.90	04/18
1393	150.00	04/05	1423	5,673.73	04/19
1394	168.81	04/26	1424	200.00	04/18
1395	175.00	04/10	1427*	2,300.50	04/25
1396	1,152.00	04/06	1429*	314.42	04/30
1397	47.48	04/09	1432*	155.37	04/25
1398	500.00	04/10	1434*	155.15	04/30
1399	375.00	04/05	1434*	53.50	04/30
1400	4,874.42	04/16	1435	279.60	04/20
1401	244.40	04/10	1442*	1,243.20	04/24
1402	525.00	04/10	1448*	5,120.00	04/25
1403	259.85	04/11	1452*	150.00	04/25
1404	5,120.00	04/10	1453	150.00	04/25
1405	692.91	04/20	1454	144.61	04/30
1406	1,730.70	04/20	1458*	37.48	04/27
1407	1,302.86	04/24	1460*	839.80	04/26
1408	233.77	04/24	1461	2,000.00	04/27
1409	73.51	04/20			
61 Items		\$68,697.92	*Indicates check out of sequence		

Account Activity Summary

Average Collected Balance	\$7,944.19	Minimum Daily Ending Balance	\$3,370.03
Checks Deposited	118	Cash Deposited	\$4.00
Number of Deposits	44	Cash Purchased	\$0.00
Checks/Debits	61		

Calendar Year-To-Date Overdraft/Non-Sufficient Funds
Charges (excluding any charges which have been waived or
refunded):

Overdraft charges	\$96.00
Non-Sufficient Funds charges	\$64.00

Your Overdraft Limit as of the statement end date: \$1,000.00

Please note that this may be changed at any time without notice (see reverse for more information)

As of the statement end date, the fee for any Non-Sufficient Funds transaction, whether paid or returned, was \$32.00 per transaction.

