2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000007316

Entity Name: VANTAGE PLUS CORP.

GARCIA, CLÂUDIA

MIAMI, FL 33131

777 BRICKELL AVENUE, SUITE 1270

Name:

Address:

City-St-Zip:

FILED Jan 02, 2007 Secretary of State

Entity Nar	ne: VANTA	JE PLUS CORP.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	ELL AVENU	E				
1270 MIAMI, FL	33131					
Current M	ailing Addre	ess:	New Maili	New Mailing Address:		
777 BRICK 1270 MIAMI, FL	(ELL AVENU 33131	E				
FEI Number:	65-1032516	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of	Status Desired (X)	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
	NEALE J ORE WAY ABLES, FL 3	3134 US				
	named entity e of Florida.	submits this statement for th	e purpose of changing i	ts registered office or regist	ered agent, or both,	
SIGNATUR	RE:					
	Electro	onic Signature of Registered A	Agent	Date		
Election Car	npaign Financi	ng Trust Fund Contribution ().				
OFFICERS	S AND DIRE	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BOTERO, ON	L AVENUE, SUITE 1270	Title: Name: Address: City-St-Zip:	()Change ()Ad	dition	
Title: Name: Address: City-St-Zip:	GARCIA, CLA	L AVENUE, SUITE 1270	Title: Name: Address: City-St-Zip:	S (X) Change () Ad GARCIA, CLAUDIA 777 BRICKELL AVENUE, SUITE MIAMI, FL 33131		
Title: Name: Address: City-St-Zip:	DELANEY, AL	L AVENUE, SUITE 1270	Title: Name: Address: City-St-Zip:	T (X) Change () Ad GARCIA, CLAUDIA 777 BRICKELL AVENUE, SUITE MIAMI, FL 33131		
Title:	Т (X) Delete	Title:	() Change () Ad-	dition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CLAUDIA GARCIA S 01/02/2007