## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000072364

Entity Name: V&G BUSINESS, CORP.

**FILED** Sep 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

15610 HESINA ISLE 6660 SOMERSET DR

DELRAY BEACH, FL 33446 205B

BOCA RATON, FL 33433

**Current Mailing Address: New Mailing Address:** 

6660 SOMERSET DR 15610 HESINA ISLE

DELRAY BEACH, FL 33446 205 B

BOCA RATON, FL 33433

FEI Number: 65-1029626 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VALENCIA, LUZ M VALENCIA, LUZ M 15610 MEŚSINA ISLES CT 6660 SOMÉRSET DR

DELRAY BEACH, FL 33446 US 205 B BOCA RATON, FL 33433 US

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.

SIGNATURE: LUZ MARY VALENCIA C 09/16/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

Name: VALENCIA, LUZ M Name: VALENCIA, LUZ M 15610 MESSINA ISLES CT 6660 SOMERSET DR Address: Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: BOCA RATON, FL 33433

Title: SD Title: SD (X) Change ( ) Addition () Delete Name: GALVEZ, ROBERTO Name: GALVEZ, ROBERTO

15610 MESSINA ISLES CT 6660 SOMERSET DR Address: Address: DELRAY BEACH, FL 33446 City-St-Zip: City-St-Zip: BOCA RATON, FL 33433

Title: (X) Change ( ) Addition Title: () Delete

GALVEZ, ROBERTO GALVEZ, ROBERTO Name: Name: 15610 MESSINA ISLES CT 6660 SOMERSET DR Address: Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: LUZ MARY VALENCIA C PTE 09/16/2009