

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90008 018 ***158.75

DOCUMENT # P00000077042					
1. Entity Name VJL INVESTMENT COMPANY					
Principal Place of Business 2655 LE JEUNE ROAD SUITE 1015 CORAL GABLES, FL 33134			Mailing Address 2655 LE JEUNE ROAD SUITE 1015 CORAL GABLES, FL 33134		
2. Principal Place of Business 12042 SW 10 TERRACE Suite, Apt. #, etc.		3. Mailing Address 12042 SW 10 TERRACE Suite, Apt. #, etc.			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 65-1033015	
Zip 33184		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIYAR, PILOR-MORENO 2655 S LEJEUNE RD STE 1015 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name: MORENO-MIYAR PILAR Street Address (P.O. Box Number is Not Acceptable): 12042 SW 10 TERRACE City: MIAMI FL Zip Code: 33184		
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: <u><i>Pilar Moreno Miyar</i></u> DATE: <u>02/06/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMADOR, ANDRES 5460 NW 174 DR MIAMI, FL 33055	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD MIYAR, RAMON 12042 SW 10TH TERR MIAMI, FL 33184	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORENO-MIYAR, PILAR 12042 SW 10TH TERR MIAMI, FL 33184	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AMADOR, ANA 5460 NW 174 DR MIAMI, FL 33055	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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, with all other like empowered.					
SIGNATURE: <u><i>Ramon Miyar</i></u> <u>RAMON MIYAR VJL/P</u> <u>02/06/06</u> <u>(305) 554-5583</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					