

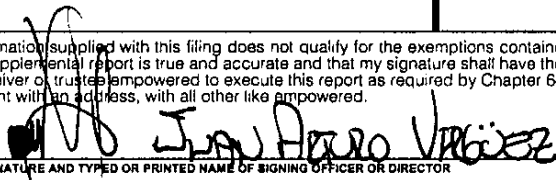


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

| | | | |
|--|--|--|-------------------------------|
| DOCUMENT # P00000087221 | |  | |
| 1. Entity Name VIRGUEZ PROPERTY HOLDINGS, CO. | | | |
| Principal Place of Business 18749 SW 28 ST. MIRAMAR, FL 33029 | Mailing Address 18749 SW 28 ST. MIRAMAR, FL 33029 | | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 04242007 No Chg-P CR2E034 (11/05) | |
| | | 4. FEI Number 65-1042488 | Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent VIRGUEZ, ENRIQUE 18749 SW 28 ST MIRAMAR, FL 33029 | | DO NOT WRITE IN THIS SPACE | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| 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 U000000738770 05/11/07-80080-017 158.75 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VIRGUEZ, ENRIQUE 18749 SW 28 ST MIRAMAR, FL 33029 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD VIRGUEZ, JUAN ARTURO 18749 SW 28 ST MIRAMAR, FL 33029 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MEDINA, CECILIA 18749 SW 28 ST MIRAMAR, FL 33029 | | |
| 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, with all other like empowered. | | | |
| SIGNATURE:  | | 03-24-2007 954 394 3483 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |