


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 8:00 am
Secretary of State

05-17-2006 90016 050 ***150.00

DOCUMENT # P01000018487

1. Entity Name
VIRGI CORP



Principal Place of Business
**6403 BOCA CIRCLE
 BOCA RATON, FL 33433**

Mailing Address
**6403 BOCA CIRCLE
 BOCA RATON, FL 33433**

2. Principal Place of Business
**22605 SW 66 AVE
 Suite, Apt. #, etc. 409B**

3. Mailing Address
**22605 SW 66 AVE
 Suite, Apt. #, etc. 409B**


City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip
33428 Country

Zip
33428 Country

40092851

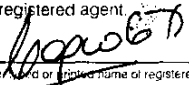


03142006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
**CAGNOLATTI, MARIA A
 6403 BOCA CIRCLE
 BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
22605 SW 66 AVE 409B
 City **BOCA RATON FL** Zip Code **33428**

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.

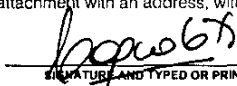
SIGNATURE:  **MARIA A. CAGNOLATTI, PRESIDENT** 3/14/06
Signature and or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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 CAGNOLATTI, MARIA A 6403 BOCA CIRCLE BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22605 SW 66 AVE 409B BOCA RATON FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DE ANQUIN, JORGE 6403 BOCA CIRCLE BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22605 SW 66 AVE 409B BOCA RATON FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **MARIA A. CAGNOLATTI, PRES.** 3/14/06 (954) 298-8039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40092851
#P01000018487

Form 1040

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return 2005

(99) IRS Use Only—Do not write or staple in this space.

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning ending
Your first name M.I. Last name Suffix
MARIA A CAGNOLATTI
If a joint return, spouse's first name M.I. Last name Suffix
JORGE DE ANQUIN
Home address (number and street). If you have a P.O. box, see page 16. Apt. no.
2 LENOX COURT 701
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.
SUFFERN NY 10901

OMB No. 1545-0074
Your social security number
594-89-4358
Spouse's social security number
922-71-5736
You must enter your SSN(s) above.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) You Spouse

Filing Status 1 Single 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full name here. 4 Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 Qualifying widow(er) with dependent child (see page 17)

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a 6b Spouse 6c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If qualifying child for child tax credit (see page 19) 6d Total number of exemptions claimed

Income Table with columns for line number, description, and amount. Includes rows for Wages, salaries, tips, etc. (66,751); Taxable interest (0); Ordinary dividends (0); Rental real estate, royalties, partnerships, S corporations, trusts, etc. (-7,281); Social security benefits (0); Total income (59,470).

Adjusted Gross Income Table with columns for line number, description, and amount. Includes rows for Educator expenses (0); Health savings account deduction (0); Moving expenses (0); Self-employed SEP, SIMPLE, and qualified plans (0); IRA deduction (0); Student loan interest deduction (0); Tuition and fees deduction (0); Domestic production activities deduction (0); Total adjusted gross income (59,470).