


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90050 012 \*\*\*150.00

**DOCUMENT # P01000018487**

1. Entity Name  
**VIRGI CORP**



Principal Place of Business 22605 SW 66 AVE 409-B BOCA RATON, FL 33428 US	Mailing Address 22605 SW 66 AVE 409-B BOCA RATON, FL 33428 US
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**DO NOT WRITE IN THIS SPACE**



02172007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1077962	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CAGNOLATTI, MARIA A  
 22605 SW 66 AVE 409B  
 BOCA RATON, FL 33428

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAGNOLATTI, MARIA A 22605 SW 66 AVE 409-B BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DE ANQUIN, JORGE 22605 SW 66 AVE 409-B BOCA RATON, FL 33428
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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* **MARIA A. CAGNOLATTI, Pres.** 2/19/06 (954) 298-8039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #