


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90036 013 ***150.00

DOCUMENT # P01000044585	
1. Entity Name VMO CORPORATION	

Principal Place of Business 3001 PONCE DE LEON BLVD. #203 CORAL GABLES, FL 33134	Mailing Address 3001 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box # 2151 S. Le Jeune Rd. Suite, Apt. #, etc. #204 City & State CORAL GABLES, FL. Zip 33134 Country	3. Mailing Address 2151 S. Le Jeune Rd. Suite, Apt. #, etc. #204 City & State CORAL GABLES, FL. Zip 33134 Country
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6. Name and Address of Current Registered Agent HAUSER, CHARLES R 3001 PONCE DE LEON BLVD CORAL GABLES, FL 33134	
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40019164



01292007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1097372	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name Street Address (R.O. Box Number is Not Acceptable) 2151 S. Le Jeune Rd. #204 City CORAL GABLES FL Zip Code 33134	
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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  CHARLES R. HAUSER 2/5/07
Signature, typed 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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAUSER, CHARLES R 3101 PONCE DE LEON BLVD SUITE 203 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2151 S. Le Jeune Rd., #204 CORAL GABLES, FL 33134
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
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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:  CHARLES R. HAUSER 2.5.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #