2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State
04-21-2005 90223 017 ***150.00

DOCUMENT # P01000045485

1. Entity Name
V & P MEDWORKS, INC.

Principal Place of Business	Mailing Address
8500 NW 185TH TERR MIAMI LAKES, FL 33015	8500 NW 185TH TERR MIAMI LAKES, FL 33015

04142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
15315 NW 60TH AVE	8500 NW 185TH TERR
Suite, Apt. #, etc. 100	Suite, Apt. #, etc.
City & State MIAMI LAKES, FL	City & State MIAMI LAKES, FL
Zip 33014 Country USA	Zip 33015 Country USA

4. FEI Number
65-1102674
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE LA VEGA, RAUL 8500 NW 185TH TERR MIAMI LAKES, FL 33015	Name RAUL JOSE DE LA VEGA Street Address (P.O. Box Number is Not Acceptable) 8500 NW 185TH City MIAMI LAKES FL Zip Code 33015

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: _____ RAUL J. DE LA VEGA 04/14/05
Signature, type or print 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, 2005 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	S DE LA VEGA, RAFAEL A 8500 NW 185TH TERR MIAMI LAKES, FL 330152551	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD DE LA VEGA, RAUL 8500 NW 185TH TERR MIAMI LAKES, FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD DE LA VEGA, RAUL JOSE 8500 NW 185TH TERR MIAMI LAKES, FL 33015	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DE LA VEGA, GLADYS C 8500 NW 185TH TERR MIAMI LAKES, FL 330152551	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ GLADYS C DE LA VEGA 04/14/05 (305)822-2622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #