


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P01000063355 1. Entity Name VIRTUAL IMAGE, INC.			
Principal Place of Business 12330 S.W. 212TH ST MIAMI, FL 33177		Mailing Address 12330 S.W. 212TH ST MIAMI, FL 33177	
DO NOT WRITE IN THIS SPACE			
		01202007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-1119606	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
ENCISO, ALEXANDER 12330 S.W. 212TH ST MIAMI, FL 33177		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 _____			
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			
TITLE	P	DO NOT WRITE IN THIS SPACE	
NAME	ENCISO, ALEXANDER		
STREET ADDRESS	12330 S.W. 212TH ST		
CITY-ST-ZIP	MIAMI, FL 33177		
TITLE			
NAME			
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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: <i>Alexander Enciso P. Alexander Enciso</i>		Date: <i>4/23/07</i> Daytime Phone #: <i>305-232-2295</i>	