FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90966 025 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000074202

1. Entity Name
V & T GROUP, CORP.

Principal Place of Business	Mailing Address
933 SW 87 AVE MIAMI, FL 33174	10415 SW 88 ST B 112 MIAMI, FL 33176

2. Principal Place of Business	3. Mailing Address
	9364 Collins Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Apt. # 7
City & State	City & State SURFSIDE, FL.
Zip / Country	Zip 33154 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1125319 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
LLIN, CLAUDIO R
933 SW 87 AVE
MIAMI, FL 33174

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): 9364 Collins Ave. Apt. # 7
City: Surfside FL Zip Code 33154

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 [redacted] CLAUDIO A. LLIN President 04/28/03
Date

FILE NOW!!! FEE $150.00 / After May 1, 2003 Fee will be $550.00 / Make Check Payable to Florida Department of State

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 10		
TITLE	PD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	LLIN, CLAUDIO		NAME		
STREET ADDRESS	933 SW 87 AVE		STREET ADDRESS	9364 Collins Ave. Apt. # 7	
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP	Surfside, FL. 33154	
TITLE	VD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	LLIN, VERONICA M		NAME		
STREET ADDRESS	933 SW 87 AVE		STREET ADDRESS	9364 Collins Ave Apt. # 7	
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP	Surfside, FL. 33154	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [redacted] CLAUDIO A. LLIN President 04/28/03 (305) 266 2599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)