## 2004 FOR PROFIT CORPORATION

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Aug 12, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P01000115562 1. Entity Name 08-12-2004 90001 024 \*\*\*150.00 VCM INVESTMENTS CORPORATION Principal Place of Business Mailing Address 3800 BATTERSEA RD P.O. BOX 330493 **MIAMI FL 33133** MIAMI FL 33233 2. Principal Place of Business 3800 BATTERSEA RD 3. Mailing Address 330493 PO BOX Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) City & State City & State 4. FEI Number Applied For MIAMI FLORIDA 30-0010609 <del>7</del>1 33133 MIAMI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33233 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AUDIA VELASQUET VELASQUEZ, CLAUDIA P Street Address (P.O. Box Number is Not Acceptable) 3800 BATTERSEA RD **MIAMI FL 33133** Zip Code **3**3/33 City MAILM 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. PRESIDENT 8-2-04 Signature, typed or printed name of registered agent and title if applicable (OTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change Addition NAME VELASQUEZ, CLAUDIA P NAME 3800 BATTERSEA RD STREET ADDRESS STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZIP CITY-ST-ZIP TITE F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT) F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

**FILED** 

Die # 20/0001/5362 54067927

August 2, 2004

Florida Department Of State Division of Corporations Annual Report Section P.O Box 6850 Tallahassee, Fl 32314

To whom it may concern:

I am writing to inform you that VCM Investments Corp. did not receive the Post Card with the instructions on how we can file our annual report before May 1, 2004. As soon as we received the Post Card, we sent the post card back in order to receive the form. We just got the form in the mail, which I'm attaching to this letter.

If you have any questions, feel free to contact me.

Sincerely,

Claudia Velasquez

**VCM Investments Corporation** 

President

305-662-4787 / 305-926-0773