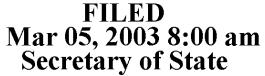
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



| 1. Entity Name V G INVESTMENT PROPERTIES CORP. | | | | | | | 03-05-2003 90029 002 ***150.00 | | |
|--|---|----------------------|--|----------------------------------|--|-------------|---|--|--|
| Principal Place of Business 260 PAYNE DR. MIAMI SPRINGS FL 33166 | | 260 | Mailing Address 260 PAYNE DR. MIAMI SPRINGS FL 33166 | | | | | | |
| 2. Principal | Place of Business | 3. Ma | ailing Address | | | | | | |
| • | | | | | 18 to 1 | | | | |
| Suite, Apt. #, etc. | | Su | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | |
| City & Sta | ate | City & State | | | | | 4. FEI Number 03-0386104 Applied For Not Applicable | | |
| Zip Country | | Zip | Zip Coun | | itry | 5. (| Certificate of Status Desired \$8.75 Additional Fee Required | | |
| | 6. Name and Address of Curr | ent Register | ed Agent | | | 7. N | Name and Address of New Registered Agent | | |
| CAPCIA | ICADE | | | | Name | | | | |
| GARCIA, ISABEL 260 PAYNE DR. | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| MIAMI SPRINGS FL 33166 | | | | | | | | | |
| | | | | | City Zip Code | | | | |
| 8. The above | e named entity submits this statemer | nt for the purp | pose of changing its | s registere | ed office or registe | ered age | ent, or both, in the State of Florida. I am familiar with, and accept | | |
| the obliga | ations of registered agent. | | | | 3 | 3 - | and accept | | |
| SIGNATURE | | | | | | | | | |
| | Signature, typed or printed name of registered ag | ent and title if app | olicable. (NOT | TE: Registered | d Agent signature require | ed when rei | instating) DATE | | |
| Afte | FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0 k Payable to Florida Departmen | 00 t of State | | | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. | | |
| 10. | OFFICERS A | ND DIRECTO | PRS | 11. | | ADE | DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GARCIA, VENANCIO 260 PAYNE DR. MIAMI SPRINGS FL 33166 | | ☐ Delete | | | | ☐ Change ☐ Addition | | |
| TITLE | SD | -1 | ☐ Delete | TITLE | | | ☐ Change ☐ Addition | | |
| NAME Street address | GARCIA, ISABEL | | | NAME | 1 | | _ , | | |
| DITY-ST-ZIP | 260 PAYNE DR. MIAMI SPRINGS FL 33166 | | | | T ADDRESS ST-ZIP | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | - | ☐ Delete | TITLE NAME STREE CITY-1 | T ADDRESS | , May | Change ☐ Addition | | |
| ITLE | | | ☐ Delete | TITLE | | | ☐ Change ☐ Addition | | |
| TREET ADDRESS | | | | NAME | r ADODECC | | | | |
| CITY-ST-ZIP | , | | | CITY-S | T ADDRESS ST-ZIP | | | | |
| ITLE | ſ | | ☐ Delete | TITLE | | | ☐ Change ☐ Addition | | |
| AME | | | | NAME | | | Addition | | |
| TREET ADDRESS ITY-ST-ZIP | , | | | STREET CITY-S | ADDRESS | | | | |
| TLE | - | | ☐ Delete | TITLE | 11-417 | | | | |
| AME | | | C Delete | NAME | | | ☐ Change ☐ Addition | | |
| TREET ADDRESS | | | | | ADDRESS | | | | |
| ITY-ST-ZIP | | | <u>.</u> | CITY-S | | | | | |
| z. Thereby c | ertify that the information supplied w | ith this filing a | does not qualify for | the ever | ntion stated in Ca | -4: 4 4 | 10.07(0)(i) [1-d-0-0-1 | | |

indicated on this report or supplied with this tiling 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 profit 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:

Daytime Phone #