2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000057555

1. Entity Name
VANTAGE POINT GROUP, INC.

Principal Place of Business	Mailing Address
1925 BRICKELL AVENUE #D-812 MIAMI, FL 33129	1925 BRICKELL AVENUE #D-812 MIAMI, FL 33129

DO NOT WRITE IN THIS SPACE

07172008   No Chg-P   CR2E034 (11/05)

4. FEI Number 01-0731629	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

CAMBAS, MARGARITA I
1925 BRICKELL AVENUE
#D-812
MIAMI, FL 33129

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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 N/A

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)

U00000956266
07/24/08-80005-020 150.00
DATE

FILE NOW!!! FEE IS $150.00 **Due by September 12, 2008**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CAMBAS, MARGARITA I
STREET ADDRESS	1925 BRICKELL AVENUE #D-812
CITY-ST-ZIP	MIAMI, FL 33129

TITLE	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   7/22/08   305-323-339__

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #