2004 FOR PROFIT CORPORATION ANNUAL REPORT

05-04-2004 90193 049 ***150.00 DOCUMENT # P02000103133 1. Entity Name VMG INC. Principal Place of Business Mailing Address 24068152 28100 IMPERIAL STREET 28100 IMPERIAL STREET STE 300 STE 300 BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135 04212004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 37-1443930 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MUNOZ, GERARDO 3611 4TH AVE N E NAPLES, FL 34120 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MUNOZ, GERARDO NAME STREET ADDRESS 3611 4TH AVE N E CITY-ST-ZIP NAPLES, FL 34120 TITLE MUNOZ, GERARDO NAME STREET ADDRESS 3611 4TH AVE N E CITY-ST-ZIP NAPLES, FL 34120 GARCIA, RODRIGO NAME STREET ADDRESS 1830 WILSON BLVD N DO NOT WRITE NAPLES, FL 34117 CITY-ST-ZIP IN THIS SPACE VASQUEZ, MARTINE 18364 ORIOLE RD STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33912 VASQUEZ, MARTINE NAME STREET ADDRESS 18364 ORIOLE RD FT MYERS, FL 33912 CITY-ST-ZIP

FILED May 04, 2004 8:00 am

Secretary of State

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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: MUNICULAR DEPRINTED NAME OF SIGNING DEPICER OR DIRECTOR THAT THE DAVING PROPER OF DIRECTOR THAT DAVING PROPER OF D