

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90218 044 ***150.00

DOCUMENT # P02000103133

1. Entity Name
VMG INC.



Principal Place of Business

28100 IMPERIAL STREET
STE 300
BONITA SPRINGS, FL 34135

Mailing Address

28100 IMPERIAL STREET
STE 300
BONITA SPRINGS, FL 34135



03252005 No Chg-P CR2E034 (10/03)

4. FEI Number
37-1443930

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MUNOZ, GERARDO
3611 4TH AVE N E
NAPLES, FL 34120
*9296 SCARLETTE OAK AVE
FORT MYERS, FL 33912*

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C
NAME MUNOZ, GERARDO
STREET ADDRESS 3611 4TH AVE N E
CITY-ST-ZIP NAPLES, FL 34120

TITLE P
NAME MUNOZ, GERARDO
STREET ADDRESS 3611 4TH AVE N E
CITY-ST-ZIP NAPLES, FL 34120

TITLE V
NAME GARCIA, RODRIGO
STREET ADDRESS 1830 WILSON BLVD N
CITY-ST-ZIP NAPLES, FL 34117

TITLE T
NAME VASQUEZ, MARTINE
STREET ADDRESS 18364 ORIOLE RD
CITY-ST-ZIP FT MYERS, FL 33912

TITLE S
NAME VASQUEZ, MARTINE
STREET ADDRESS 18364 ORIOLE RD
CITY-ST-ZIP FT MYERS, FL 33912

TITLE
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-05 239-495-0991