

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90036 007 ***150.00

DOCUMENT # P02000103133

1. Entity Name
VMG INC.



Principal Place of Business

28100 IMPERIAL STREET *Pkwy*
STE 300
BONITA SPRINGS, FL 34135

Mailing Address

28100 IMPERIAL STREET *Pkwy*
STE 300
BONITA SPRINGS, FL 34135

40111344



04152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1443930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MUNOZ, LETICIA
9296 SCARLETTE OAK AVE
FORT MYERS, FL 33912
33967

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MUNOZ, GERARDO
STREET ADDRESS	3611 4TH AVE N.E. 9296 Scarlette Oak Ave
CITY-STATE-ZIP	NAPLES, FL 34120 Ft Myers, FL 33967
TITLE	VP
NAME	Munoz, Leticia
STREET ADDRESS	9296 Scarlette Oak Ave
CITY-STATE-ZIP	Ft Myers, FL 33967
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gerardo Munoz 4/23/07 (239) 495-0991