2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000120192

1. Entity Name
V.F.R. INTERNATIONAL, CORP.

Principal Place of Business	Mailing Address
1835 W FLAGLER ST STE 201-262 MIAMI, FL 33135 09	1835 W FLAGLER ST STE 201-262 MIAMI, FL 33135 09

02232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0754970
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARTAGENA, MILAGROS
1895 S W FLAGLER ST #262
MIAMI, FL 33125

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

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	SANTANA, PEDRO
STREET ADDRESS	185 SE 14 TERRACE UNIT 2410
CITY-ST-ZIP	BRICKELL, FL 33135
TITLE	VP
NAME	OP CELLULAR C.A.
STREET ADDRESS	EDIFICIO BANCO DEL ORINOCOPISO NO 6 OFICIN
CITY-ST-ZIP	GUAYANA, EDO BOLIVAR,VENEZUE,
TITLE	S
NAME	DUCHAME, MARIA S
STREET ADDRESS	185 SE 14 TERRACE, UNIT 2410
CITY-ST-ZIP	BRICKELL, FL 33131
TITLE	D
NAME	SANTANA, ORLANDO
STREET ADDRESS	185 SE 14 TERRACE, UNIT 2410
CITY-ST-ZIP	BRICKELL, FL 33131
TITLE	D
NAME	SANTANA, PEDRO J
STREET ADDRESS	185 SE 14 TERRACE, UNIT 2410
CITY-ST-ZIP	BRICKELL, FL 33131
TITLE	D
NAME	SANTANA, CHARO
STREET ADDRESS	185 SE 14 TERRACE, UNIT 2410
CITY-ST-ZIP	BRICKELL, FL 33131

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03/07/07-80082-016 150.00

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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: _____ 02/23/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #