2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000025542

1. Entity Name
VAU CENTER, CORP

Principal Place of Business	Mailing Address
5590 N W 107TH AVENUE	5590 N W 107TH AVENUE
APT 1107	APT 1107
MIAMI, FL 33178	MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE

02142006   No Chg-P   CR2E034 (11/05)

4. FEI Number
04-3745582

[ ] Applied For
[ ] Not Applicable

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

6. Name and Address of Current Registered Agent

JIMENEZ, MYRIAM C
5590 N W 107TH AVENUE
APT 1107
MIAMI, FL 33178

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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, 2006 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PTD	
NAME	JIMENEZ, MYRIAM C	
STREET ADDRESS	5590 N W 107TH AVENUE, #1107	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	VSD	
NAME	MEDINA, KAROL	
STREET ADDRESS	5590 N W 107TH AVENUE, #1107	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		
NAME		
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NAME		
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CITY-ST-ZIP		

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03/04/06 80037-010 150.00

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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: x _Myriam C. Jimenez_   02/14/06   (305) 573 9837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #