2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State
05-03-2006 90248 012 ***150.00

DOCUMENT # P03000027997

1. Entity Name
VES CONSULTING SERVICES, CORP.

60034839

04292006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
11252 NW 56 ST MIAMI, FL 33178	11252 NW 56 ST MIAMI, FL 33178

2. Principal Place of Business	3. Mailing Address
645 NORTH SHORE DR.	645 NORTH SHORE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: MIAMI BEACH, FL.	City & State: MIAMI BEACH, FL.
Zip: 33141 Country: MIAMI DADE	Zip: 33141 Country: MIAMI DADE

4. FEI Number 71-0937191 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AUGUSTO MENDEZ, CESAR 15291 NW 60 AVE STE 200 MIAMI, FL 33014	Name Street Address (P.O. Box Number is Not Acceptable) 645 NORTH SHORE DR. City: MIAMI BEACH, FL. FL Zip Code 33141

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 (FOR Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P MENDEZ, CESAR A 15291 NW 60 AVE STE 200 MIAMI, FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	645 NORTH SHORE DR. MIAMI BEACH, FL. 33141	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CHOMIAK, MAXIMILIANO 15291 NW 60 AVE STE 200 MIAMI, FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	645 NORTH SHORE DR. MIAMI BEACH, FL. 33141	☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

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: _____ 04/29/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #