


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90168 004 \*\*\*150.00

<b>DOCUMENT # P03000052850</b> 1. Entity Name <b>VRG INSURANCE, INC.</b>			
Principal Place of Business <del>1821 N.W. 96TH TERRACE</del> <del>UNIT N</del> <b>PEMBROKE PINES, FL 33024</b>		Mailing Address <b>1821 N.W. 96TH TERRACE</b> <del>UNIT N</del> <b>PEMBROKE PINES, FL 33024</b>	
2. Principal Place of Business <b>500 NW 165 Street Rd.</b> Suite, Apt. #, etc. <b>205</b>		3. Mailing Address <b>PO Box 246076</b> Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b>		City & State <b>Pembroke Pines, FL</b>	
Zip <b>33169</b>		Zip <b>33024</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>	
4. FEI Number <b>57-1171021</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GRANDE, VINCENT R</b> <del>1821 N.W. 96TH TERRACE</del> <del>UNIT N</del> <b>PEMBROKE PINES, FL 33024</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>GRANDE, VINCENT R</b> <del>1821 N.W. 96TH TERRACE</del> <del>UNIT N</del> <b>HOLLYWOOD, FL 33024</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME <b>1100 SW 103 AVENUE</b> <b>Pembroke Pines, FL 33025</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4/28/06</b> Daytime Phone # <b>634/6658586</b>	