


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000069626</b> 1. Entity Name VD PROPERTY HOLDINGS, INC.	
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Principal Place of Business 6861 SW 196TH AVENUE STE. 411-416 PEMBROKES PINES, FL 33332-1626 US	Mailing Address 6861 SW 196TH AVENUE STE. 411-416 PEMBROKE PINES, FL 33332-1626 US
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04012008 No Chg-P CR2E034 (11/05)

4. FEI Number 87-0701189	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  DOGANIERI, JOSEPH 17050 SW 59TH STREET S.W. RANCHES, FL 33331
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000880341 04/15/08-80082-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOGANIERI, JOSEPH 17050 S.W. 59TH STREET S.W. RANCHES, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIVES, CARLOS 4764 TROPICANA AVENUE COOPER CITY, FL 33330
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TITLE NAME STREET ADDRESS CITY-ST-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:**  **Joe Doganieri** **954-680-9801**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #