

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90203 040 ***150.00

DOCUMENT # P03000143309						
1. Entity Name V & M INSURANCE SERVICES, INC.						
Principal Place of Business 604-A N. FEDERAL HWY. BOYNTON BEACH, FL 33435			Mailing Address 604-A N. FEDERAL HWY. BOYNTON BEACH, FL 33435			
2. Principal Place of Business - No P.O. Box # 2310 SE 2nd Street		3. Mailing Address SAME				
Suite, Apt. #, etc. 3		Suite, Apt. #, etc.				
City & State Boynton Beach		City & State		4. FEI Number 43-2034929		
Zip FL		Country 33435		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01052007 Chg-P CR2E034 (12/06)		
6. Name and Address of Current Registered Agent FARNSWORTH, SHANE M 604-A N. FEDERAL HWY. BOYNTON BEACH, FL 33435			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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:						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D MONDESIR, VAIDE 413 NE 14TH AVENUE BOYNTON BEACH, FL 33435		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vaide Mondesir 76 Landau Street BOYNTON BEACH, FL 33426	
				<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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
Date: 01/05/07 (561) 424-0864 Daytime Phone #						