

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000153551

1. Entity Name
VMB MANAGEMENT, INC.



Principal Place of Business
12191 SW 92ND AVENUE
MIAMI, FL 33176

Mailing Address
12191 SW 92ND AVENUE
MIAMI, FL 33176



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0551108

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENITEZ, VICTOR M
12191 SW 92ND AVENUE
MIAMI, FL 33176

**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

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

U00000383374
01/12/06-80051-009 158.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BENITEZ, VICTOR M
STREET ADDRESS 12191 SW 92ND AVENUE
CITY-ST-ZIP MIAMI, FL 331765110

TITLE SD
NAME DUART, CARLOS A
STREET ADDRESS 12191 SW 92ND AVENUE
CITY-ST-ZIP MIAMI, FL 331765110

TITLE D
NAME BENITEZ, SILVIA S
STREET ADDRESS 12191 SW 92ND AVENUE
CITY-ST-ZIP MIAMI, FL 331765110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

1/9/06

Date

(305) 235-5098

Daytime Phone #