2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2008 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P04000034399 V. PROFESSIONAL INVESTMENT CORPORATION Principal Place of Business Melling Address 2053 N N 27 AVRIVE P. D. BDX 654953 MAMI, FL 33142 Principal Place of Business - No PO, Box + 2. Mailing Address 2053 N N 27 AVRIVE P. D. BDX 654953 MAMI, FL 33142 Principal Place of Business - No PO, Box + 3. Mailing Address Suita Adjusted - Suita Adjusted - 4. FEI Number 83-03363331 R. Adjusted Fire 83-0336331 R. Adjusted Fire 83-0336331 R. Adjusted Fire 83-0336331 R. Adjusted Fire 83-0363614 R. Adjusted Fire 83-036641		AMNOAL	KEPUKI				iry or St	uic
2.096 NW 27 AVENUE	1. Entity Name					02-26-2008	90002 037 ***15	0.00
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Name Name Name Street Address (P.O. Box Number is Not Accept@les) Street Add	Zip	Country	Zip	Country			□ \$8.75 Add	litional
STREE ADDRESS OITY-ST-ZIP TILE MAME STREE ADDRESS OITY-ST-ZIP TILE		6. Name and Address of Current Re	gistered Agent		7. Name and	Address of New R	egistered Agent	
Street Address (P.O. Box Nyfither is Not Accept@b) City FL Zip Code	VALDES	DEDDO D		Name		~ .		
City FL Zip Code 2. The above named by submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept intered objective digital and plants. SIGNATURE FILE NOWIII: FEE IS \$150,000 After May 1, 2008 Fee will be \$550,000 9. Election Campaign Financing Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE VALDES, LORENA Y SIREET ADDRESS CITY-ST-2P THE NAME SIREET ADDRESS CITY-ST-2P THE NAME SIREET ADDRESS CITY-ST-2P Delate IIILE NAME SIREET ADDRESS CITY-ST-2P THE NAME SIREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P Addition Addition THE NAME SIREET ADDRESS CITY-ST-2P CITY-ST-2P Addition Addition Addition THE NAME SIREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P Addition Ad	2510 N.W.	. 11 STREET	Street Address	(P.O. Box Numb	er is Not Acceptable)		
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS	SIGNATURE	Advance burses on based name of registered agent and t	ide if applicable (NOTE:	Registered Agent signature regula	red when reinstating)		<u> </u>	
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12. Thereby certify that the information supplied with this filling 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 provided energy that the energy results as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chanced, or on an attackment with an address with all other like empowered.							<u> </u>	
	12. I hereby of indicated of the correct changed.	certify that the information supplied with thi I on this report or supplemental report is to poration or the receiver as rustee empore or on an attackment with an address with	s filing does not qualify for se and accurate and that me ared to execute this report a sall other like empowered	the exemptions contain y signature shall have the is required by Chapter 6	ed in Chapter 119 e same legal effec 07, Florida Statute	 Florida Statutes. In the state of the state	further certify that the in ath; that I am an officer appears in Block 10 or	nformation or director Block 11 if

SIGNATURE AND TYPEFOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURÉ: