

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000043441

Entity Name: VMC SERVICES CORP.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

501 BRICKELL KEY DR  
SUITE 400  
MIAMI, FL 33131

## New Principal Place of Business:

801 BRICKELL AVE, SUITE 1580  
MIAMI, FL 33131

## Current Mailing Address:

501 BRICKELL KEY DR  
SUITE 400  
MIAMI, FL 33131

## New Mailing Address:

801 BRICKELL AVE, SUITE 1580  
MIAMI, FL 33131

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NS CORPORATE SERVICES INC.  
501 BRICKELL KEY DR  
SUITE 400  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

NS CORPORATE SERVICES INC.  
801 BRICKELL AVE, SUITE 1580  
MIAMI, FL 33131 US

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.

SIGNATURE:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DA SILVA, VICTOR C  
Address: 501 BRICKELL KEY DR SUITE 400  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: DA SILVA, VICTOR C  
Address: 801 BRICKELL AVE, SUITE 1580  
City-St-Zip: MIAMI, FL 33131

Title: VP ( ) Change (X) Addition  
Name: SILVA, MONICA  
Address: 801 BRICKELL AVE, SUITE 1580  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA SILVA

VP

04/29/2005

Electronic Signature of Signing Officer or Director

Date