2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000050289

Entity Name: VIRGO INDUSTRIES, INC.

9900 S. W. 157 TERRACE

MIAMI, FL 33157

Address: City-St-Zip: FILED Jul 29, 2005 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3600 N. W. NO. RIVER DRIVE MIAMI, FL 33142			9900 SW 157 TERRA MIAMI, FL 33157	9900 SW 157 TERRACE MIAMI, FL 33157	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
9900 S.W. MIAMI, FL	157 TERRAC 33157	E			
FEI Number	: 04-3788247	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
9900 S. W MIAMI, FL			urness of shanging its registers	d office or registered egent or both	
	e of Florida.	submits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () SAINT-AUDE, N 9900 S. W. 157 MIAMI, FL 331	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () SAINT-AUDE, N 9900 S. W. 157 MIAMI, FL 331	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TREA () SAINT-AUDE, N	Delete 1YLENE	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MYLENE SAINT-AUDE P 07/29/2005