## 2008 FOR PROFIT CORPORATION

**FILED** Jan 10, 2008 08:00 AM

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DOCUMENT # P04000053947  1. Entity Name V CONSULTING, INC.		47		}		ceretary or Sta
Principal Place 6866 PAUL LANTANA, FI	MAR DR	Mailing Address 6866 PAUL MAR DR LANTANA, FL 33462			# 88% <b>618</b> % <b>81</b> % <b>88</b> % <b>88</b> %	III AANTA AUGA IIIGA AUGA AANI AANTA IAANTA II AAN
DO NOT WRITE IN THIS SPACE			CE	01072008  4. FEI Numb	No Chg-P	CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required
8. Name and Address of Current Registered Agent  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145					NOT W THIS SF	
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  P. Election Campaign Financing After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.						
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRE PSTD VARGO, STEVEN J 6866 PAUL MAR DR LANTANA, FL 33462	ECTORS		_	U00000 01/10/08 NOT W THIS SF	<u>-</u>
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME		·				

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 fustee 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 attackment with an address, with all other like empowered.

**SIGNATURE:** 

STREET ADDRESS

STEWN J. VIRGO, PRESIDENT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-827-6175 Daytime Phone #