

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90200 016 ***150.00



DOCUMENT # P04000083118
 1. Entity Name
V.R.I.C. CORPORATION

Principal Place of Business
1730 LAKESHORE CIRCLE
WESTON, FL 33326

Mailing Address
1730 LAKESHORE CIRCLE
WESTON, FL 33326

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

02262008 Chg-P CR2E034 (12/06)

4. FEI Number
20-1173992

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

VIZCARRONDO, JOSE ANTONIO
1730 LAKESHORE CIRCLE
WESTON, FL 33326

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VIZCARRONDO, JOSE ANTONIO	
STREET ADDRESS	1730 LAKESHORE CIRCLE	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	VIZCARRONDO, JOSE ANTONIO	
STREET ADDRESS	1730 LAKESHORE CIRCLE	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	V	<input type="checkbox"/> Delete
NAME	VILLEGAS V., MARIA E	
STREET ADDRESS	1730 LAKESHORE CIRCLE	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	S	<input type="checkbox"/> Delete
NAME	MACEDA, FIDEL	
STREET ADDRESS	1818 MARINER LANE	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	VIZCARRONDO, JOSE ANTONIO	
STREET ADDRESS	1730 LAKESHORE CIRCLE	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIP/T	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date: **02/26/08** (954) 8220264
Date Daytime Phone #