

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90045 040 \*\*\*150.00

**DOCUMENT # P04000127447**

1. Entity Name  
**V.M. EMPLOYMENT AGENCY, CORP**



Principal Place of Business  
**1393 SWS 1ST ST., #101-D  
 MIAMI, FL 33135**

Mailing Address  
**1393 SWS 1ST ST., #101-D  
 MIAMI, FL 33135**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



05172006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1596451** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MALDONADO, VICENTE  
 228 NW 46TH AVE.  
 MIAMI, FL 33126**

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]* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
 Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALDONADO, VICENTE 228 NW 46TH AVE. MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **5-17-06 (905)648-2515**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40093811

MAY 16, 2006.

**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporation**  
**P.O. Box 1500**  
**Tallahassee, FL 32302-1500**

Re: Corporate Annual Fee # P04000127447

Dear Secretary of State:

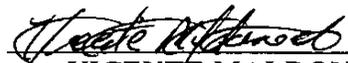
The Purpose of this letter is to request an exemption of penalty for late payment year 2006 according with Uniform Business Report of **V.M. EMPLOYMENT AGENCY, CORP., a Florida Corporation.**

I have not paid Annual Fee Corporation on time because I, don't received the corporate annual report, however I, want to hold the name for future business, at this time I'm waiting for some business licenses application, I have attached annual fee payment check for amount of \$ 150.00.

Should you have any question regarding this matter, please call me at telephone number (305) 643-2515.

Sincerely,

**V.M. EMPLOYMENT AGENCY, CORP**

  
\_\_\_\_\_  
**VICENTE MALDONADO**  
President