2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000128899

Entity Name: VESTREMAR BUSINESS SERVICES, INC.

FILED Apr 30, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Current Principal Place of Business: New Principal Place of Business:

661 NE 195 ST - # 210 13918 69TH STREET NORTH N MIAMI BEACH, FL 33179 WEST PALM BEACH, FL 33412

Current Mailing Address: New Mailing Address:

4001 S. OCEAN DRIVE 13918 69TH STREET NORTH
15G WEST PALM BEACH, FL 33412
HOLLYWOOD, FL 33020

FEI Number: 47-0944294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SYLVESTRE, BETTY

661 NE 195 ST - # 210

N MIAMI BEACH, FL 33179

US

SYLVESTRE, BETTY

13918 69TH STREET NORTH

WEST PALM BEACH, FL 33412

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: 04/30/2006

Electronic Signature of Registered Agent Date

Title:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

PST () Delete

 Name:
 SYLVESTRE, BETTY
 Name:
 SYLVESTRE, BETTY

 Address:
 661 NE 195 ST - # 210
 Address:
 13918 69TH STREET NORTH

 City-St-Zip:
 N MIAMI BEACH, FL 33179
 City-St-Zip:
 WEST PALM BEACH, FL 33412

Title: VP () Delete Title: VP (X) Change () Addition Name: SYLVESTRE, BETTY Name: JABOUIN, JEAN

 Address:
 661 NE 195 ST - # 210
 Address:
 13918 69TH STREET NORTH

 City-St-Zip:
 N MIAMI BEACH, FL 33179
 City-St-Zip:
 WEST PALM BEACH, FL 33412

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BETTY SYLVESTRE PST 04/30/2006