


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90014 025 \*\*\*150.00

<b>DOCUMENT # P04000143800</b>		
1. Entity Name <b>GRUPO VHS INC</b>		

Principal Place of Business <b>9903-B SOUTH MILITARY TRAIL BOOTH 24 BOYNTON BEACH, FL 33436</b>	Mailing Address <b>20094 WEST KEY DR. ✓ BOCA RATON, FL 33498</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. <b>20094 West Key Dr.</b>		Suite, Apt. #, etc.	
City & State <b>Boca Raton FL</b>		City & State	
Zip <b>33498</b>	Country <b>U.S.A</b>	Zip	Country

**40026902**



01282008 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-1777042</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>GBS CONSULTANTS 18501 PINES BLVD SUITE 2015 PEMBROKE PINES, FL 33029</b>		7. Name and Address of New Registered Agent Name <b>SANCHEZ, DIANA ELISA</b> Street Address (P.O. Box Number is Not Acceptable) <b>20094 West Key Dr.</b> <b>Boca Raton, FL.</b> City <b>Boca Raton</b> State <b>FL</b> Zip Code <b>33498</b>

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 *Elisa Sanchez* **DIANA ELISA SANCHEZ** **01/28/08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DE JESUS SALAZAR, ALBERTO 20094 WEST KEY DR. BOCA RATON, FL 33498</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SANCHEZ, DIANA E 20094 WEST KEY DR. BOCA RATON, FL 33498</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SANCHEZ, EDUARDO 6329 NW 38TH ST CORAL SPRINGS, FL 33067</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Elisa Sanchez* **02/14/08** **(561) 487 2919**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #