


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90023 038 \*\*\*150.00

<b>DOCUMENT # P04000158060</b>		
1. Entity Name <b>VHE CORPORATION</b>		

Principal Place of Business <b>717 PONCE DE LEON BLVD., SUITE 234 CORAL GABLES, FL 33134</b>	Mailing Address <b>717 PONCE DE LEON BLVD., SUITE 234 CORAL GABLES, FL 33134</b>
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**40035187**



2. Principal Place of Business - No P.O. Box # <b>2310 Country Club Prado</b>	3. Mailing Address <b>Same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03042007 Chg-P CR2E034 (12/06)

City & State <b>Coral Gables, FL</b>	City & State
Zip <b>33134</b>	Country

4. FEI Number <b>20-3103188</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FABRE, FRANK R.S. 717 PONCE DE LEON BLVD., SUITE 234 CORAL GABLES, FL 33134</b>	
7. Name and Address of New Registered Agent Name <b>FABRE, FRANK R. S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2310 Country Club Prado</b> City <b>Coral Gables</b> FL Zip Code <b>33134</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  DATE **3/12/07**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERRERA, JORGE LUIS 717 PONCE DE LEON BLVD., SUITE 234 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HERRERA, JORGE LUIS 2310 Country Club Prado Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DIAZ, MARIA PATRICIA 717 PONCE DE LEON BLVD., SUITE 234 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DIAZ, MARIA PATRICIA 2310 Country Club Prado Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FABRE, FRANK R.S. 717 PONCE DE LEON BLVD., SUITE 234 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FABRE, FRANK R. S. 2310 Country Club Prado Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERRERA, JORGE L 717 PONCE DE LEON BLVD #234 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input checked="" 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:  **Frank R.S. Fabre** ASecretary **3/12/07** **305-264-1031**