2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000103969

1. Entity Name

VULCAIN PROPERTY HOLDINGS, INC.



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

205 WORTH AVENUE

SUITE 303

PALM BEACH, FL 33480

Mailing Address

205 WORTH AVENUE

SUITE 303

PALM BEACH, FL 33480

1 188118

No Chg-P

CR2E034 (11/05)

04302008 4. FEI Number

Applied For

20-4223767

Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

BRIAN, PHILIPPE J 205 WORTH AVENUE SUITE 307C PALM BEACH, FL 33480

DO NOT WRITE

			In the second se	
	e named entity submits this statement for the p tions of registered agent.	urpose of changing its register	red office or registered agent, or bo	oth, in the State of Fiorida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Register.	ed Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		U00000929984 05/21/08-80089-025 150.00
10.	OFFICERS AND DIREC	TORS	A mary policy of the second	April at the programme of
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ROTGES, ROMAIN T 205 WORTH AVENUE SUITE 303 PALM BEACH, FL 334804618		Maria and Maria and Sandara	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	S BRIAN, PHILIPPE J 205 WORTH AVENUE SUITE 303 PALM BEACH, FL 33480			
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TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE			The grown of the Confidence of the position of the Confidence of t	Service of the servic

12. It 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 chapter with a life to a address, with all their like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

04/30/01

561214 4445

Daytime Phone