


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000121989		
1. Entity Name VTEK GROUP, INC.		

Principal Place of Business 700 82ND ST SUITE 3 MIAMI BEACH, FL 33141	Mailing Address 700 82ND ST SUITE 3 MIAMI BEACH, FL 33141
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2. Principal Place of Business 10991 NW 82 ND AVE Suite, Apt. #, etc. Bay # 1 City & State Miami, Florida Zip 33166 Country USA	3. Mailing Address 9705 NW 48 TH Terr Suite, Apt. #, etc. City & State Miami, Florida Zip 33178 Country USA
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FILED
06 APR 21 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04112006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3419248	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SAAVEDRA, DAVID 700 82ND ST SUITE 3 MIAMI BEACH, FL 33141	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9705 NW 48 TH Terr City Miami FL Zip Code 33178	
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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 <u>David Saavedra</u> DATE <u>April 11, 2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAAVEDRA, DAVID 700 82ND ST SUITE 3 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9705 NW 48 TH Terr Miami, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHARAMA, WILLIAM 700 82ND ST SUITE 3 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9705 NW 48 TH Terr Miami, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>April 11, 2006</u> <small>Daytime Phone #</small>