


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-14-2007 90041 049 ***150.00

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| DOCUMENT # P05000128111 |  |
| 1. Entity Name VSA INTERNATIONAL, INC. | |

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| Principal Place of Business 2147 N.W. 79TH AVENUE DORAL, FL 33122-1617 | Mailing Address 2147 N.W. 79TH AVENUE DORAL, FL 33122-1617 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # 8262 NW 14th Street | 3. Mailing Address 8262 NW 14th STREET |
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|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

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|-------------------------------|--------------------------------|
| City & State DORAL FLORIDA | City & State DORAL, FLORIDA |
|-------------------------------|--------------------------------|

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|--------------|----------------|--------------|----------------|
| Zip 33126 | Country usa | Zip 33126 | Country USA |
|--------------|----------------|--------------|----------------|

20006226



03082007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 01-0845637 | 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 DIAZ, MARIANNA C 13999 S.W. 155 TERRACE MIAMI, FL 33177 | 7. Name and Address of New Registered Agent Name BOLIVAR TORRES, JACQUELINE C Street Address (P.O. Box Number is Not Acceptable) 8262 N.W. 14th Street City DORAL FL Zip Code 33126 |
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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 BOLIVAR TORRES, JACQUELINE C. DATE 3/10/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PD BOLIVAR TORRES, JACQUELINE C 2147 N.W. 79TH AVENUE DORAL, FL 331221617 <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 | VD REIS CAMPOS, ALVARO P 2147 N.W. 79TH AVENUE DORAL, FL 331221617 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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: Bolivar Torres, Jacqueline C. 3/10/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #