2008 FOR PROFIT CORPORATION

FILED Mar 10, 2008 08:00 A Secretary of State ANNUAL REPORT DOCUMENT # P05000128111 VSA INTERNATIONAL, INC. Principal Place of Business Mailing Address 8262 NW 14TH STREET 8262 NW 14TH STREET DORAL, FL 33126 DORAL, FL 33126 CR2E034 (11/05) No Chg-P 03042008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0845637 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BOLIVAR TORRES, JACQUELINE C** DO NOT WRITE 8262 N.W. 14TH STREET DORAL, FL 33126 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE 000000852952 03/26/08-80050-005 150.00 BOLIVAR TORRES, JACQUELINE C NAME STREET ADDRESS 2147 N.W. 79TH AVENUE CITY-ST-ZIP DORAL, FL 331221617 TITLE NAME REIS CAMPOS, ALVARO P STREET ADDRESS 2147 N.W. 79TH AVENUE DORAL, FL 331221617 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE

12. Thereby 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 impowered 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 addition, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR