

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000142812

1. Entity Name
V.C. PROJECT, CORP.



Principal Place of Business

10300 SW 72 STREET
318
MIAMI, FL 33173

Mailing Address

10300 SW 72 STREET
318
MIAMI, FL 33173



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3655140

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PARLADE, ALBERTO J
7050 SW 86 AVENUE
MIAMI, FL 33143

**DO NOT WRITE
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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

UC00000869741
04/03/08 80061-024 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VALDERRAMA, JUAN L
STREET ADDRESS 10300 SW 72 STREET, SUITE 318
CITY-ST-ZIP MIAMI, FL 33173

TITLE STD
NAME CUESTA, GERMAN
STREET ADDRESS 10300 SW 72 STREET, SUITE 318
CITY-ST-ZIP MIAMI, FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Juan Valderrama PD 3-24-08 786 263-0150