


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90072 021 \*\*\*150.00

<b>DOCUMENT # P05000150000</b>		
1. Entity Name V.C. GROUP, CORP.		

Principal Place of Business 10240 SW 56 STREET STE 113-C MIAMI, FL 33165	Mailing Address 10240 SW 56 STREET STE 113-C MIAMI, FL 33165
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 7106 SW 8th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. 800
City & State	City & State Miami Florida
Zip	Zip 33144
Country	Country USA

6. Name and Address of Current Registered Agent VILARINO, RODOLFO E 10240 SW 56 STREET STE 113-C MIAMI, FL 33165	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	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	DP VILARINO, RODOLFO E 10240 SW 56 STREET STE 113-C MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Rodolfo Vilarino 04/30/07 (305) 2263443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #