

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000054262

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: VC GROUP INTERNATIONAL CORP.

## Current Principal Place of Business:

17011 N. BAY ROAD SUITE 511  
SUNNY ISLES, FL 33160

## New Principal Place of Business:

17150 NORTH BAY ROAD  
2520  
SUNNY ISLES BEACH, FL 33160

## Current Mailing Address:

17011 N. BAY ROAD SUITE 511  
SUNNY ISLES, FL 33160

## New Mailing Address:

17150 NORTH BAY ROAD  
2520  
SUNNY ISLES BEACH, FL 33160

FEI Number: 20-4710358

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MFR & ASSOCIATES, LLC  
220 71 STREET #209  
MIAMI, FL 33141 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: COLINDRES, EFRAIN  
Address: 17011 N. BAY ROAD SUITE 511  
City-St-Zip: SUNNY ISLES, FL 33180

Title: DVP ( ) Delete  
Name: COLINDRES, ADRIANA  
Address: 17011 N. BAY ROAD SUITE 511  
City-St-Zip: SUNNY ISLES, FL 33180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: COLINDRES, EFRAIN  
Address: 17150 NORTH BAY ROAD  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: DVP (X) Change ( ) Addition  
Name: COLINDRES, ADRIANA  
Address: 17150 NORTH BAY ROAD  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EFRAIN COLINDRES

DP

04/23/2008

Electronic Signature of Signing Officer or Director

Date