## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000077719

Entity Name: VF II, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:			New Principal F	New Principal Place of Business:	
	OLAS BLVD S DERDALE, FI				
Current Mailing Address:			New Mailing Address:		
	OLAS BLVD ( DERDALE, FI				
FEI Number:	20-5284232	FEI Number Applied For()	FEI Number Not Applicable	( ) Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Addr	ess of New Registered Agent:	
STE 1500 FORT LAU	OLAS BLVD. DERDALE, FI		urpose of changing its reg	istered office or registered agent, or both,	
in the State	of Florida.				
SIGNATUR		nic Signature of Registered Ager	nt	Data	
Election Com		g Trust Fund Contribution ( ).	п	Date	
		- , ,			
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	HUIZENGA, WA 450 E LAS OLA	) Delete AYNE H JR AS BVLD STE 1500 DALE, FL 33301	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BRANDEN, CR 450 E LAS OLA	) Delete IS V AS BVLD STE 1500 DALE, FL 33301	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	HANDLEY, RÌC 450 E LAS OLA	) Delete HARD L AS BVLD STE 1500 DALE, FL 33301	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VIDUEIRA, CAF 450 E LAS OLA	) Delete RLOS AS BVLD STE 1500 DALE, FL 33301	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HENNINGER, F 450 E LAS OLA	) Delete ROBERT JR AS BVLD STE 1500 DALE, FL 33301	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MUXO, ALEX 450 E LAS OLA	) Delete AS BLVD STE 1500 DALE, FL 33301	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: CRIS V BRANDEN VP 04/22/2009