


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90062 019 ***150.00

DOCUMENT # P06000085810					
1. Entity Name V&W INVESTMENT PROPERTIES, INC.					
Principal Place of Business 2900 S.W. 122 AVENUE MIAMI, FL 33175 US			Mailing Address 2900 S.W. 122 AVENUE MIAMI, FL 33175 US		
2. Principal Place of Business - No P.O. Box # 1400 SW 145th Ave		3. Mailing Address 1400 SW 145th Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami FL		4. FEI Number 20-5099011	
Zip 33184-3259		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORZO, WILSON 2900 S.W. 122 AVENUE MIAMI, FL 33175			7. Name and Address of New Registered Agent Name: Corzo, Wilson Street Address (P.O. Box Number is Not Acceptable): 1400 SW 145th Ave City: Miami FL Zip Code: 33184-3259		
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 re-registering) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME CORZO, WILSON STREET ADDRESS 2900 S.W. 122 AVENUE CITY-ST-ZIP MIAMI, FL 33175	<input type="checkbox"/> Delete		TITLE P NAME Corzo, Wilson STREET ADDRESS 1400 SW 145th Ave CITY-ST-ZIP MIAMI FL 33184-3259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME RODRIGUEZ, VERONICA STREET ADDRESS 2900 S.W. 122 AVENUE CITY-ST-ZIP MIAMI, FL 33175	<input type="checkbox"/> Delete		TITLE VP NAME Rodriguez, Veronica STREET ADDRESS 1400 SW 145th Ave CITY-ST-ZIP MIAMI FL 33184-3259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 4/09/2008 Daytime Phone #: (305) 225-9844		