

FILED
Jun 12, 2007 8:00 am
Secretary of State

05-09-2007 90105 022 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

5/9/07

DOCUMENT # P06000135935			
1. Entity Name V & B PROCESSING SOLUTIONS, CORP.			
Principal Place of Business 748 VISTA MEADOWS DRIVE WESTON, FL 33327		Mailing Address 748 VISTA MEADOWS DRIVE WESTON, FL 33327	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name of Registered Agent		4. Name of Registered Agent	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUENDIA, TERESA V 748 VISTA MEADOWS DRIVE WESTON, FL 33327		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 _____ Signature, typed or printed name of registered agent and title if applicable. (If only Registered Agent signature required when registering)			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BUENDIA, TERESA V 748 VISTA MEADOWS DRIVE WESTON, FL 33327 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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: <u><i>Teresa V. Buendia</i></u>		4/26/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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