2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State
04-02-2008 90025 021 ***150.00

DOCUMENT # P07000009350

1. Entity Name
VERMONT GROUP, CORP.

Principal Place of Business	Mailing Address
7415 WEST 24 AVE # 201 HIALEAH, FL 33016	7415 WEST 24 AVE # 201 HIALEAH, FL 33016

01112008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	PO Box 161297
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Hialeah, FL
Zip / Country	Zip 33016 / Country

4. FEI Number 20-8299605 ☐ Applied For ☐ Not Applicable

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
SUAREZ, ISIDRO 7415 WEST 24 AVE # 201 HIALEAH, FL 33016	Name: Suárez, Aleida Street Address (P.O. Box Number is Not Acceptable): 7415 West 24 Ave # 201 City: Hialeah FL Zip Code: 33016

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 X [signature] 01/11/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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 SUAREZ, ISIDRO 7415 WEST 24 AVE # 201 HIALEAH, FL 33016	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Suarez, Aleida 7415 West 24 Ave # 201 Hialeah, FL 33016	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 [illegible] 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: X [signature] 01/11/2008 (786) 285-2407
SIGNATURE AND TYPED [illegible] NAME OF SIGNING [illegible] ER OR DIRECTOR Daytime Phone #