2008 FOR PROFIT CORPORATION

Jul 15, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P07000101255 07-15-2008 90061 032 ***150 00 VIMOR INTERNATIONAL, INC. Principal Place of Business Mailing Address darranna 8011 SW 119TH COURT 8011 SW 119TH COURT MIAMI, FL 33183 MIAMI, FL 33183 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07102008 CR2E034 (12/06) 4. FEI Number 26-08929 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, VIRGINIA Street Address (P.O. Box Number is Not Acceptable) 8011 SW 119TH COURT MIAMI, FL 33183 Zip Code FL 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 agen-10 02 SIGNATURE. printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE Addition TITLE RODRIGUEZ, VIRGINIA NAME NAME 8011 SW 119TH COURT STREET ADDRESS STREET ADDRESS MIAMI, FL 33183 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition VD. Delete ☐ Channe TITLE TITLE ALONSO, PEDRO M NAME NAME STREET ADDRESS 8011 SW 119TH COURT STREET ADDRESS MIAMI, FL 33183 CITY-ST-ZIP CITY-ST-ZIP **チ**タノム Deloto ☐ Chance Addition TITLE TIT! F MARY E. ALONSO NAME NAME STREET ADDRESS STREET ADDRESS 8011 S.W. 11974 COURT MIAMI FLORIDA 33183 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 truetee impowered 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.

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: \(\)

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

Delete

☐ Delete

☐ Change

Change

☐ Addition

☐ Addition

FILED