

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000104803

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: V & S INVESTMENT GROUP CORPORATION

## Current Principal Place of Business:

2129 W. ARMENIA PLACE  
TAMPA, FL 33612

## New Principal Place of Business:

5404 24 AVE SOUTH  
TAMPA, FL 33619

## Current Mailing Address:

2129 W. ARMENIA PLACE  
TAMPA, FL 33612

## New Mailing Address:

PO BOX 89579  
TAMPA, FL 33689

FEI Number: 26-1158521

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAMOS, JOSE S  
2129 W. ARMENIA PLACE  
TAMPA, FL 33612 US

## Name and Address of New Registered Agent:

RAMOS, JOSE S  
5404 24 AVE SOUTH  
TAMPA, FL 33619 US

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.

SIGNATURE: JOSE S RAMOS

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SUAREZ, PEDRO  
Address: 2129 W. ARMENIA PLACE  
City-St-Zip: TAMPA, FL 33612

Title: ST ( ) Delete  
Name: SUAREZ, HERMELINDA  
Address: 2129 W. ARMENIA PLACE  
City-St-Zip: TAMPA, FL 33612

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SUAREZ, PEDRO  
Address: 5404 24 AVE SOUTH  
City-St-Zip: TAMPA, FL 33619

Title: ST (X) Change ( ) Addition  
Name: SUAREZ, HERMELINDA  
Address: 5404 24 AVE SOUTH  
City-St-Zip: TAMPA, FL 33619

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: PEDRO SUAREZ

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date