## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000128191

Entity Name: VIMEWORKS, INC.

City-St-Zip:

QUITO, ECUADOR,

FILED Jul 13, 2008 Secretary of State

Entity Nar	ne: VIMEVVO	RKS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2548 CENTERGATE DR APT #301 MIRAMAR, FL 33025			301	2548 CENTERGATE DR 301 MIRAMAR, FL 33025	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2548 CENTERGATE DR APT #301 MIRAMAR, FL 33025			301	2548 CENTERGATE DR 301 MIRAMAR, FL 33025	
FEI Number:	68-0666148	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
VINUEZA, CARLOS R 2548 CENTERGATE DR APT #301 MIRAMAR, FL 33025 US			2548 CENTERGATE 301	MIRAMAR, FL 33025 US	
	named entity s of Florida.	submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				07/13/2008	
Electronic Signature of Registered Agent			nt	Date	
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VINUEZA, CARI	SATE DR APT #301	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BREWER, MAR	SATE DR APT #301	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	ESCOBAR, MAI	Delete JRICIO X A NORTE KM 7 1/2 URBANIZACION	Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: CARLOS VINUEZA DPT 07/13/2008