

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000026355

Entity Name: VERTICAL CLIP SOLUTIONS, INC.

FILED  
May 27, 2009  
Secretary of State

## Current Principal Place of Business:

2 ALHAMBRA PLAZA SUITE 860  
CORAL GABLES, FL 33134

## New Principal Place of Business:

2320 PONCE DE LEON BOULEVARD  
SECOND FLOOR  
CORAL GABLES, FL 33134

## Current Mailing Address:

2 ALHAMBRA PLAZA SUITE 860  
CORAL GABLES, FL 33134

## New Mailing Address:

2320 PONCE DE LEON BOULEVARD  
SECOND FLOOR  
CORAL GABLES, FL 33134

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARLOS E. PADRON, CILLA, PADRON & DIAZ, P.A  
2 ALHAMBRA PLAZA SUITE 860  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

CARLOS E. PADRON, ESQ. VILA, PADRON & DIAZ  
2320 PONCE DE LEON BOULEVARD  
SECOND FLOOR  
CORAL GABLES, FL 33134 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: CARLOS E. PADRON

05/27/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: JACOBS, MOISES  
Address: 2 ALHAMBRA PLAZA SUITE 860  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: JACOBS, MOISES  
Address: 2320 PONCE DE LEON BOULEVARD, SECOND FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

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: MOISES JACOBS

D

05/27/2009

Electronic Signature of Signing Officer or Director

Date