

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P94000080897

1. Entity Name

VIRGINIA INVESTMENTS, INC.



Principal Place of Business

% ISILDA LAGES-BOUNOL,  
11 RUE DUPONT DE LOGES, 75007 PARIS  
FRANCE,

Mailing Address

% ISILDA LAGES-BOUNOL,  
11 RUE DUPONT DE LOGES, 75007 PARIS  
FRANCE,



03072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0715218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VIVIES, PATRICK CPA  
700 EAST DANA BEACH BLVD  
DANIA, FL 33006

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IN THIS SPACE

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when re-installing)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                        |
|----------------|------------------------|
| TITLE          | PTSD                   |
| NAME           | LAGES, ISILDA          |
| STREET ADDRESS | 11 RUE DUPONT DE LOGES |
| CITY-ST-ZIP    | 75007 PARIS FRANCE,    |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |

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03/14/05-80064-025 150.00

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Isilda Lages-Bouniol 03/04/05 01133169467065