


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:0
Secretary of St

DOCUMENT # P94000080897 1. Entity Name VIRGINIA INVESTMENTS, INC.		
Principal Place of Business % ISILDA LAGES-BOUNOL, 11 RUE DUPONT DE LOGES, 75007 PARIS FRANCE, XX	Mailing Address % ISILDA LAGES-BOUNOL, 11 RUE DUPONT DE LOGES, 75007 PARIS FRANCE, XX	
DO NOT WRITE IN THIS SPACE		
<div style="display: flex; justify-content: space-between;"> 04252006 No Chg-P CR2E034 (11/05) </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;"> 4. FEI Number 65-0715218 </div> <div style="border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div> \$8.75 Additional Fee Required </div> </div>		
6. Name and Address of Current Registered Agent VIVIES, PATRICK CPA 700 EAST DANA BEACH BLVD DANIA, FL 33006		
DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>		
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		
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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 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: <u>Isilda LAGES-BOUNOL 04/25/06.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



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05/09/06-80080-024 150.00

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IN THIS SPACE**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #