


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000080897**  
 1. Entity Name  
 VIRGINIA INVESTMENTS, INC.



Principal Place of Business % ISILDA LAGES-BOUNIOL, 11 RUE DUPONT DE LOGES, 75007 PARIS FRANCE, XX	Mailing Address % ISILDA LAGES-BOUNIOL, 11 RUE DUPONT DE LOGES, 75007 PARIS FRANCE, XX
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**DO NOT WRITE IN THIS SPACE**



02092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0715218	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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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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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD LAGES, ISILDA 11 RUE DUPONT DE LOGES 75007 PARIS FRANCE,
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 03/05/07-80005-020 150.00

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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 fees empowered.

**SIGNATURE:** Isilda LAGES-BOUNIEL 02/18/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #