

**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-BOUNOL,**  
**11 RUE DUPONT DE LOGES, 75007 PARIS**  
**FRANCE, XX**

**Mailing Address**  
**% ISILDA LAGES-BOUNOL,**  
**11 RUE DUPONT DE LOGES, 75007 PARIS**  
**FRANCE, XX**



02092007 No Chg-P CR2E034 (11/05)

**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**

**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** \_\_\_\_\_  
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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

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

000000645401  
03/05/07-80005-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

**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 titles empowered.**

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