FILED
Feb 15, 2008 08
Secretary of

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000080897

1. Entity Name
VIRGINIA INVESTMENTS, INC.

Principal Place of Business	Mailing Address
% ISILDA LAGES-BOUNIOL, 11 RUE DUPONT DE LOGES, 75007 PARIS FRANCE, XX	% ISILDA LAGES-BOUNIOL, 11 RUE DUPONT DE LOGES, 75007 PARIS FRANCE, XX

DO NOT WRITE IN THIS SPACE

02062008 No Chg-P CR2E034 (11/05)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000829544
02/26/08-80045-017 150.00

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 like empowered.

SIGNATURE: /s/ Isilda LAGES-BOUNIOL 02/08/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #