


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000071231 1. Entity Name VGM INTERNATIONAL, INC.	
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Principal Place of Business 1111 KANE CONCOURSE, SUITE 518 BAY HARBOR FL 33154	Mailing Address 1111 KANE CONCOURSE, SUITE 518 BAY HARBOR FL 33154
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country		

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent SIGNET INTERNATIONAL INC. 1111 KANE CONCOURSE SUITE 518 BAY HARBOR ISLANDS FL 33154	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number 65-0612783	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> PD GITMAN, YAKOV 1111 KANE CONCOURSE, SUITE 518 BAY HARBOR FL 33154 </td> <td style="width: 20%; text-align: right; vertical-align: top;"> <input type="checkbox"/> Delete </td> </tr> </table>	PD GITMAN, YAKOV 1111 KANE CONCOURSE, SUITE 518 BAY HARBOR FL 33154	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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 03/13/06-80050-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Y. Gitman **Y. GITMAN** 02-10-2006 305-867-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #