


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

6/23/2005-90001-027-\$150.00-\$150.00

DOCUMENT # P95000086043		
1. Entity Name V. COM, INC.		

FILED
05 JUL -6 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

Principal Place of Business 5149 NW 105TH CT MIAMI FL 33178	Mailing Address 5149 NW 105TH CT MIAMI FL 33178
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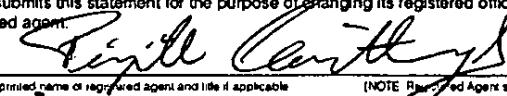
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0656774	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EOSRITHONGKUL, PIPITH 5149 NW 105TH CT MIAMI FL 33178	
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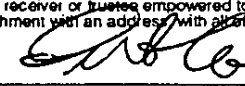
7. Name and Address of New Registered Agent	
Name PETER EO	
Street Address (P.O. Box Number is Not Acceptable) 5149 NW 105 CT.	
City MIAMI	FL Zip Code 33178

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 4/12/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete EOSRITHONGKUL, YUPARAT 5149 NW 105 CT MIAMI FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PSTD ED, PETER 5149 NW 105 CT. MIAMI FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PSTD EO, PETER 5149 NW 105 CT MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900057062309 07/06/05--01017--001 **400.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	DATE 4/12/05 Daytime Phone # 305-594-3130