


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # P95000086043 1. Entity Name V. COM, INC.	
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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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

6. Name and Address of Current Registered Agent EOSRITHONGKUL, PIPITH 5149 NW 105TH CT MIAMI FL 33178	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
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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: *Pipith Carthy* DATE: 4/12/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME D EOSRITHONGKUL, YUPARAT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 5149 NW 105 CT	
CITY-ST-ZIP MIAMI FL 33178	
TITLE NAME PSTD ED, PETER	<input type="checkbox"/> Delete
STREET ADDRESS 5149 NW 105 CT.	
CITY-ST-ZIP 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME PSTD EO, PETER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5149 NW 105 CT.	
CITY-ST-ZIP MIAMI, FL. 33178	
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: *[Signature]* DATE: 4/12/05 DAYTIME PHONE #: 305-594-3130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

