2007 FOR PROFIT CORPORATION **ANNUAL REPORT** FILED Jan 16, 2007 08:00 AM DOCUMENT # P95000088646 **Secretary of State** 1. Entity Name VIJET, INC. Principal Place of Business Mailing Address 1343 S.W. 8TH STREET 1343 S.W. 8TH STREET MIAMI, FL 33135 MIAMI, FL 33135 01102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0623765 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TORRES, CARMEN DO NOT WRITE 1343 S.W. 8TH STREET MIAMI, FL 33135 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

Trust Fund Contribution.

OFFICERS AND DIRECTORS

TORRES, JORGE E

TORRES, VIVIAN C

MIAMI, FL 33157

MIAMI, FL

8345 S.W. 174TH TERRACE

8345 S.W. 174TH TERRACE

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Added to Fees

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.

JORGE E. TORRES, PRES. 1/10/07

SIGNATURE:

10. TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #