


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90031 024 \*\*\*150.00

<b>DOCUMENT # P96000009607</b>		
1. Entity Name VIATICAL CAPITAL, INC.		

Principal Place of Business 1605 MAIN ST., SUITE 1109 SARASOTA, FL 34236	Mailing Address 1441 BRICKELL AVENUE 15TH FLOOR MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # c/o David M. Levine, Receiver	3. Mailing Address Suite, Apt. #, etc. 1441 Brickell Ave. 15th Fl.
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City & State Miami, FL	City & State	4. FEI Number 65-0706580	Applied For <input type="checkbox"/> Not Applicable
Zip 33131	Country USA	Zip	Country

6. Name and Address of Current Registered Agent  LEVINE, DAVID M FOUR SEASONS TOWER, 15TH FLOOR 1441 BRICKELL AVENUE MIAMI, FL 33131		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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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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RECE LEVINE, DAVID M 1441 BRICKELL AVENUE, 15TH FLOOR MIAMI, FL 33131 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**  **David M. Levine, Reciever** **1/8/08** **(305) 536-1112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #