

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 08:00 AM
Secretary of State



DOCUMENT # P97000104360

1. Entity Name
VIAMONT INTERNATIONAL, INC.

Principal Place of Business
 11305 NW 128TH ST.
 MEDLEY FL 33016-3317

Mailing Address
 11305 NW 128TH ST.
 MEDLEY FL 33016-3317



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E034 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0802443**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE ACCESS, INC.
236 E 6TH AVE
TALLAHASSEE FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

P
GONZALEZ, MIRIAM V
11305 NW 128TH ST
MEDLEY FL 33018

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

Change Addition

TITLE
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 STREET ADDRESS
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Change Addition

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 CITY-STATE-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

Change Addition

U00000712928 Change Addition
 04/26/07-80067-023 150.00

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 owner 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #