


**FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2005 8:00 am
Secretary of State

05-13-2005 90224 020 ***150.00

DOCUMENT # **798000021063**

1. Entity Name
V.M.H.C. CORP.



DO NOT WRITE IN THIS SPACE

66023139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2896 W 73 ST		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH		City & State FLORIDA	
Zip 33018	Country DADE	Zip 33018	Country DADE
4. FEI Number 650818205		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **V.M.H.C. CORP**

Street Address (P.O. Box Number is Not Acceptable)
2896 W 73 ST

City **HIALEAH** FL Zip Code **33018**

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 **4-28-5**

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

January 1 - May 1 Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 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	VICTOR CANDELA President 2896 W 73 ST HIALEAH 33018 FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Victor M. Candela** **4-28-5** **7867873666**

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

CR2034B (12/02)