

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000059846

Entity Name: NETVG, INC.

FILED
Oct 28, 2009
Secretary of State**Current Principal Place of Business:**126 MADEIRA AVENUE
CORAL GABLES, FL 33134**New Principal Place of Business:**126 MADEIRA AVENUE
SUITE 424
CORAL GABLES, FL 33134 US**Current Mailing Address:**126 MADEIRA AVENUE
CORAL GABLES, FL 33134**New Mailing Address:**126 MADEIRA AVENUE
SUITE 424
CORAL GABLES, FL 33134 US

FEI Number: 65-0860429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:STANFIELD, PETER
255 ALHAMBRA CIRCLE
C/O V&D CPA, SUITE 424
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**VERDEJA, MIKE
255 ALHAMBRA CIRCLE
C/O V&D CPA, SUITE 424
CORAL GABLES, FL 33134 US

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.

SIGNATURE: MIKE VERDEJA

10/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: STANFIELD, PETER
Address: 126 MADEIRA AVE
City-St-Zip: CORAL GABLES, FL 33134Title: P () Delete
Name: STANFIELD, PETER
Address: 126 MADEIRA AVE
City-St-Zip: CORAL GABLES, FL 33134Title: S (X) Delete
Name: ENWRIGHT, BETH
Address: 126 MADEIRA AVE
City-St-Zip: CORAL GABLES, FL 33134Title: VP (X) Delete
Name: VERDEJA, MIKE A
Address: 126 MADEIRA AVE
City-St-Zip: CORAL GABLES, FL 33134**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: VERDEJA, MIKE
Address: 126 MADEIRA AVE
City-St-Zip: CORAL GABLES, FL 33134 USTitle: S (X) Change () Addition
Name: VERDEJA, MIKE
Address: 126 MADEIRA AVE
City-St-Zip: CORAL GABLES, FL 33134 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE VERDEJA

P

10/28/2009

Electronic Signature of Signing Officer or Director

Date