FOR PROFIT CORPORATION NIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 99000033861 1. Entity Name V&GDESIGN INCORPORATED



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SECRETARY OF STATE FALLAHASSEE. FLORIDA

DO NOT WRITE IN THIS SPACE

	and the control of th
2. Principal Place of Business	3. Mailing Address
2401 CARUZBEAN CORT	2401, CARIBBEAN COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

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City a Sta	te DNUO, FL	City & State 012CANDD	FLORIU.		El Number 7-3569835		Applied For Not Applicable	
Zip 3286	Country	Zip 32805	Country ORANG	T.	ertificate of Status Desired		75 Additional Required	
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	IN THIS SP	ACE						
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			City	~ / A~	(1)3	FL Z	ip Code	
A The above	e named entity submits this statement for	the ourness of changing its	registered office or	الا السلامية	nt or both in the State of Florida 1	am familia	with and accord	
	tions of registered agent.	the purpose of changing its	registered office of t	egistered age	TIL, OF BOILT, BY THE State OF Florida. T	aiii iaiiiiliai	with, and accept	
5	- J							
SIGNATURE								
SIGNATORE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature	required when rein	nstating) De	ATE		
i Ja	nuary 1 - May 1 Fee is \$150.00							
	After May 1, Fee is \$550.00 Amended UBR is \$61.25				 Election Campaign Financing Trust Fund Contribution. 		\$5.00 May Be	
Make Checi	k Pavable to Florida Department of	State			rust Fund Contribution.		Added to Fees	
10.	OFFICERS AND	DIRECTORS			I	e de la compania de		
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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.

NAME

NAME STREET ADDRESS

CITY ST: ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

MANUE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/2003

Daytime Phone #