


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90220 039 \*\*\*550.00

<b>DOCUMENT # S50790</b> 1. Entity Name V & T ORCHIDS, INC.	
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Principal Place of Business 2200 NW 102ND AVE STE # 1 MIAMI, FL 33172	Mailing Address 2200 NW 102ND AVE STE # 1 MIAMI, FL 33172
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**DO NOT WRITE IN THIS SPACE**



05052008 No Chg-P CR2E034 (11/05)

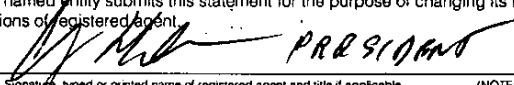
4. FEI Number 65-0258376	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
  
HALEAMIEN, VERAPONG  
2200 NW 102ND AVE # 1  
MIAMI, FL 33172

**DO NOT WRITE  
IN THIS SPACE**

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:  PRESIDENT 5-5-08

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

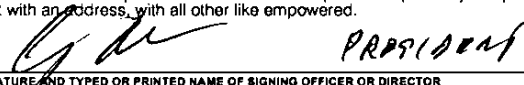
<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALEAMIEN, VERAPONG 2200 NW 102ND AVE # 1 MIAMI, FL 33172
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  PRESIDENT 5-5-08

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