
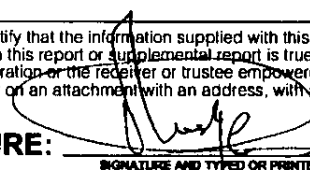


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S62608</b> 1. Entity Name <b>V M F CORPORATION</b>			
Principal Place of Business <b>10944 SW 135TH CT. CR</b> <b>MIAMI, FL 33186 US</b>		Mailing Address <b>10944 SW 135TH CT. CR</b> <b>MIAMI, FL 33186 US</b>	
<b>04062008</b> <b>No Chg-P</b> <b>CR2E034 (11/05)</b>		4. FEI Number <b>65-0269808</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>MONGE, MARIO A.</b> <b>10944 SW 135TH CT. CR</b> <b>MIAMI, FL 33186</b>			
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 _____ (NOTE: Registered Agent signature required when reissuing)    DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11000000887319</b> <b>04/21/09-80015-018 150.00</b>	
TITLE	PD		
NAME	MONGE, VICTOR M.		
STREET ADDRESS	10944 SW 135TH CT. CR		
CITY-ST-ZIP	MIAMI, FL 33186		
TITLE	VD		
NAME	MONGE, MARIO A.		
STREET ADDRESS	10944 SW 135TH CT. CR		
CITY-ST-ZIP	MIAMI, FL 33186		
TITLE	D		
NAME	MONGE, ELSA Z.		
STREET ADDRESS	10944 SW 135TH CT CR		
CITY-ST-ZIP	MIAMI, FL 33186		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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.			
<b>SIGNATURE:</b> 		<b>VICTOR M. MONGE, P.D.</b> <b>04-07-08</b> <b>3054089220</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date    Daytime Phone #	