


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # V24353 1. Entity Name VAIL HIGHLANDS CORPORATION	
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Principal Place of Business % SAGE SOLUTIONS INC 417 E SHERIDAN STREET 129 DANIA BCH, FL 33004-4603 US	Mailing Address % SAGE SOLUTIONS INC 417 E SHERIDAN STREET 129 DANIA BCH, FL 33004-4603 US
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01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0323935
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEL VALLE, MILLY
C/O SAGE SOLUTIONS INC.
417 E SHERIDAN STREET 129
DANIA, FL 33004-4603



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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTs DEL VALLE, MILLY 417 E SHERIDAN STREET 129 DANIA, FL 330044603
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02/02/07-80005-005 150.00

DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Milly Del Valle MILLY DEL VALLE

1/26/07 954 9277185

Date

Daytime Phone #