2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90677 012 ***150.00

DOCUMENT # L21089

1. Entity Name
VBRO ENTERPRISES, INC.

94079089

Principal Place of Business	Mailing Address
8039 WELLSMERE CIR ORLANDO, FL 32811 US	8039 WELLSMERE CIR ORLANDO, FL 32811 US

04202004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4957 RIVER GEM AVE	4957 RIVER GEM AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINDERMERE FL	City & State: WINDERMERE FL
Zip: 34786 Country:	Zip: 34786 Country:

4. FEI Number 59-2970397 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VYAS, BHOGILAL 6650 OLD WINTER GARDEN RD ORLANDO, FL 32835	Name: BHOGILAL VYAS Street Address (P.O. Box Number is Not Acceptable): 4957 RIVER GEM AVE City: WINDERMERE **FL** Zip Code: 34786

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VYAS, BHOGILAL 8039 WELLSMERE CIR ORLANDO, FL 32811	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BHOGILAL VYAS 4957 RIVER GEM AVE WINDERMERE FL 34786	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VYAS, SUREE 705 W SR 434 LONGWOOD, FL 32750	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: /B/ Vyas 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #