

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 12 AM 7:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M12296

1. Entity Name
THE VAULT, INC.



Principal Place of Business

18864 BISCAYNE BLVD
N. MIAMI BEACH, FL 33180-2839 US

Mailing Address

18861 BISCAYNE BLVD
N. MIAMI BEACH, FL 33180-2839 US



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2042353

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROSE, RONALD D.
18861 BISCAYNE BLVD
NORTH MIAMI BEACH, FL 3310

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

40003059674

03/17/04--01025--013 **150.00

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

TITLE PD
NAME ROSE, RONALD D.
STREET ADDRESS 18861 BISCAYNE BLVD.
CITY-ST-ZIP NO. MIAMI BCH., FL

TITLE VD
NAME GREENSPAHN, LEA
STREET ADDRESS 18151 NE 31ST CT #2017
CITY-ST-ZIP AVENTURA, FL 33160

TITLE STD
NAME ROSE, AMY B.
STREET ADDRESS 18861 BISCAYNE BLVD.
CITY-ST-ZIP NO. MIAMI BCH., FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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 empowerment.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/04

305-940-2052

Paes