## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED May 04, 2007 8:00 am Secretary of State 05-04-2007 90089 017 \*\*\*150.00

DOCU 1. Entity Nam VESS IN	ne .	# P03000095 nt, inc.			05-04-2007	90089 0	17 ***15	50.00		
Principal Place of Business 8314 GANDY WAY ORLANDO, FL 32810			Mailing Address 8314 GANDY WAY ORLANDO, FL 32810				-			
2. Principal P	Place of Busin	ess - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04252007	Chg-P	CR2E03	4 (12/06)	
City & State			City & State		4. FEI Number 55-084				oplied For ot Applicable	
Zip	Country		Zip Cour		ntry	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current	7. Name and Address of New Registered Agent Name							
HARRICHA 8314 GAN		AS, THAKUREDO E	Street Address (P.O. Box Number is Not Acceptable)							
ORLANDO, FL 32810										
								FL	Zip Code	e
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 orinted name of registered agent and this if applicable. (NOTE Registored Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financin Trust Fund Contribution.						.00 May Be ded to Fees				
10.	OFFICERS AND DIRECTORS 11.					ADDITIONS,	CHANGES TO OFF		DIRECTORS  Change	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	HARRICHARRANDAS, THAKURDEO E 8314 GANDY WAY ORLANDO, FL 32810				AE EET ADDRESS (-ST-ZIP				change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8314 GAN	ARRANDAS, VEDAW IDY WAY D, FL 32810	☐ Delete ATEE	E AE EET ADDRESS (-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OKEANDO	5,12 52010	☐ Delete	TITI NAP STR	.E				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition
indicated of the cor	d on this repor	rt or supplemental report ne receiver or trustee emp	h this filing does not quali is true and accurate and the powered to execute this re- with all other like empowe	nat my sign: port as requ	ature shall have the	same legal effe	ct as if made under o	oath; that I a	m an officer	r or director

HOUNG CHANGE DE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR