



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90022 046 ***158.75

DOCUMENT # P03000099845					
1. Entity Name VAT HOLDINGS, INC.					
Principal Place of Business 1500 SAN REMO AVE. SUITE 103 CORAL GABLES, FL 33146			Mailing Address 1500 SAN REMO AVE. SUITE 103 CORAL GABLES, FL 33146		
2. Principal Place of Business 2742 Biscayne Blvd		3. Mailing Address 2742 Biscayne Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03032004 Chg-P CR2E034 (10/03)	
City & State Miami, FL		City & State Miami, FL		4. FEI Number 27-0067564	
Zip 33137		Country US		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARED AND ASSOC., P.A. 1500 SAN REMO AVE. SUITE 103 CORAL GABLES, FL 33146			Name Victor Achar		
			Street Address (P.O. Box Number is Not Acceptable)		
			2742 Biscayne Blvd		
			City Miami		
			FL - Zip Code 33137		
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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D / <i>President</i>	<input type="checkbox"/> Delete	TITLE	D / <i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACHAR, VICTOR		NAME	Achar, Victor	
STREET ADDRESS	C/O 1500 SAN REMO AVE., SUITE 103		STREET ADDRESS	2742 Biscayne Blvd	
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP	Miami, FL 33137	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			3/9/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		