

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000167466

**FILED  
Oct 09, 2007  
Secretary of State**

**Entity Name:** VSI & PARTNERS CONSULTING, INC.

**Current Principal Place of Business:**

14501 SW 39TH STREET  
MIRAMAR, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

14501 SW 39TH STREET  
MIRAMAR, FL 33027

**New Mailing Address:**

**FEI Number:** 20-2136243      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCAFIDI, JOHN P  
24114 SW 109TH PATH  
MIAMI, FL 33032 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: VALDES, ANTONIO  
Address: 14501 SW 39TH STREET  
City-St-Zip: MIRAMAR, FL 33027

Title: DS (X) Delete  
Name: SCAFIDI, JOHN P  
Address: 24114 SW 109TH PATH  
City-St-Zip: MIAMI, FL 33032

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO VALDES

DP

10/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date