

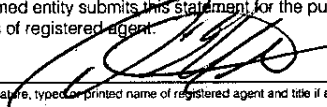
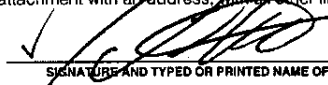


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90018 028 ***150.00

DOCUMENT # P93000071017					
1. Entity Name VERTICAL SPECIALIST, INC.					
Principal Place of Business 9531 FOUNTAINBLEAU BLVD., #309 MIAMI, FL 33172		Mailing Address 9531 FOUNTAINBLEAU BLVD., #309 MIAMI, FL 33172			
2. Principal Place of Business 9531 FOUNTAINBLEAU BLVD Suite, Apt. #, etc. # 609		3. Mailing Address 9531 FOUNTAINBLEAU BLVD Suite, Apt. #, etc. # 609			
City & State MIAMI FL		City & State MIAMI FL			
Zip 33172		Country MIAMI-DADE		01122005 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0444080		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MEDINA, DAVID 9531 FOUNTAINBLEAU BLVD., #309 MIAMI, FL 33172			7. Name and Address of New Registered Agent Name DAVID MEDINA Street Address (P.O. Box Number is Not Acceptable) 9531 FOUNTAINBLEAU BLVD #609 City MIAMI FL Zip Code 33172		
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 		(NOTE: Registered Agent signature required when reinstating)		DATE 3-10-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MEDINA, DAVID 9531 FOUNTAINBLEAU BLVD., #309 MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9531 FOUNTAINBLEAU BLVD #609 MIAMI FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Res.		Date 3-10-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	