

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000050217

Entity Name: VERTICAL REALITY, INC.

FILED  
Jan 07, 2004  
Secretary of State

**Current Principal Place of Business:**

8552 SW 129 TERRACE  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

8552 SW 129 TERRACE  
MIAMI, FL 33156

**New Mailing Address:**

FEI Number: 65-0604430

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHARKEY, KENNETH  
8552 SW 129TH TERRACE  
MIAMI, FL 33156 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SHARKEY, KENNETH  
Address: 6880 N CARTEE RD  
City-St-Zip: MIAMI, FL 33158

Title: D ( ) Delete  
Name: KAY, ANTHONY  
Address: 7451 SW 133RD ST  
City-St-Zip: MIAMI, FL 33156

**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 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 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: ANTHONY KAY

CEO

01/07/2004

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

\_\_\_\_\_ Date