

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90231 003 ***150.00

DOCUMENT # P96000082518

1. Entity Name
VOSTOK SERVICE INTERNATIONAL, INC.

Principal Place of Business
15455 W DIXIE HWY
UNIT R
NORTH MIAMI BEACH, FL 33162

Mailing Address
3741 N.E. 163 STREET
#210
N. MIAMI, FL 33160-4104

11016548



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
16850-112 COLLINS AVE.
Suite, Apt. #, etc.
210
City & State
SUNNY ISLES BEACH, FL
Zip
33160 Country
USA

3. Mailing Address
16850-112 COLLINS AVE.
Suite, Apt. #, etc.
210
City & State
SUNNY ISLES BEACH, FL
Zip
33160 Country
USA

4. FEI Number
65-0708626

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
KARAPETYAN, VADIM
3741 N.E. 163 ST.
STE 210
N. MIAMI BCH, FL 33160

7. Name and Address of New Registered Agent
Name
KARAPETYAN, VADIM
Street Address (P.O. Box Number is Not Acceptable)
16850-112 COLLINS AVE
210
City
SUNNY ISLES BEACH FL Zip Code
33160

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KARAPETYAN, VADIM 3741 N.E. 163 ST. STE 210 N. MIAMI BCH, FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KARAPETYAN, VADIM 16850-112 COLLINS AVE, #210 SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *[Signature]* **04/21/03 (305) 787-0996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/02)