

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90001 044 ***550.00

DOCUMENT # P94000083366	
1. Entity Name VGS SYSTEMS ENGINEERING USA, INC.	

Principal Place of Business 7680 UNIVERSAL BLVD., #170 ORLANDO, FL 32819 US	Mailing Address 7680 UNIVERSAL BLVD., #170 ORLANDO, FL 32819 US
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04000407



2. Principal Place of Business 4501 Vineland Rd. Suite, Apt. #, etc. Suite 109 City & State Orlando, FL Zip 32811 Country USA	3. Mailing Address 4501 Vineland Rd. Suite, Apt. #, etc. Suite 109 City & State Orlando, FL Zip 32811 Country USA
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07062004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3312742	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HUGGER, NORBERT R MR. 7680 UNIVERSAL BLVD. #170 ORLANDO, FL 32819
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7. Name and Address of New Registered Agent Name Glenn M. Carlson Street Address (P.O. Box Number is Not Acceptable) 4501 Vineland Rd. St. 109 City Orlando FL Zip Code 32811
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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 <u>Glenn M. Carlson</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MORO, PAOLO 7680 UNIVERSAL BLVD. ORLANDO, FL 32819 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT GANNA, RODOLFO 7680 UNIVERSAL BLVD. ORLANDO, FL 32819 <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	4501 Vineland Rd, Suite 109 Orlando, FL 32811-7375 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4501 Vineland Rd, Suite 109 Orlando, FL 32811-7375 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date <u>07/28/04</u> Daytime Phone #
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