


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90013 039 \*\*\*150.00

DOCUMENT # 249100 1. Entity Name F. V. S.J., INC.	
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Principal Place of Business 3471 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33306	Mailing Address 3471 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33306
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**DO NOT WRITE IN THIS SPACE**



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0972870	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROBERT M. ROSELLI  
 3471 N FEDERAL HWY  
 SUITE 600  
 FT LAUDERDALE, FL 33306

**DO NOT WRITE IN THIS SPACE**

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 signature required when reinstating)


**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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	T ROSELLI, JOSEPH H 3471 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSELLI-SUMMA, NANCY 3471 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSELLI, ROBERT 3471 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR