

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90028 025 ***150.00

DOCUMENT # 249100
 1. Entity Name
 F-V-S-J, INC.



Principal Place of Business: 3471 NORTH FEDERAL HIGHWAY, FT LAUDERDALE, FL 33306
 Mailing Address: 3471 NORTH FEDERAL HIGHWAY, FT LAUDERDALE, FL 33306

50032026

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: Zip Country

Barcode
 03182005 Chg-P CR2E034 (10/03)
 4. FEI Number: 59-0972870
 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROBERT M. ROSELLI
 3471 N FEDERAL HWY
 SUITE 600
 FT LAUDERDALE, FL 33306

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

T ROSELLI, JOSEPH H 3471 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33306	<input type="checkbox"/> Delete
S ROSELLI-SUMMA, NANCY 3471 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33306	<input checked="" type="checkbox"/> Delete
P ROSELLI, ROBERT 3471 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33306	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<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] Date: 3/16/05 Daytime Phone #: 954-565-2588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR