


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90023 012 ***150.00

DOCUMENT # 382349 1. Entity Name V.L.C. CORPORATION																																	
Principal Place of Business 4221 PALM LANE MIAMI, FL 33137 US			Mailing Address 4221 PALM LANE MIAMI, FL 33137 US																														
2. Principal Place of Business 4490 BANYAN LANE Suite, Apt. #, etc.		3. Mailing Address 4490 BANYAN LANE Suite, Apt. #, etc.																															
City & State MIAMI FL		City & State MIAMI FL 3		4. FEI Number 59-1355856																													
Zip 33137		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent CONGER, EMERSON K 4221 PALM LANE MIAMI, FL 33137				7. Name and Address of New Registered Agent Name JUDY O'CONNOR, CPA, PA Street Address (P.O. Box Number is Not Acceptable) 595 NE 92 STREET City MIAMI Shores FL Zip Code 33138																													
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 JUDY O'CONNOR, CPA DATE 2/11/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> PDS CONGER, VADA L 4221 PALM LANE MIAMI, FL 33137 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS CONGER, VADA L 4221 PALM LANE MIAMI, FL 33137		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Delete		<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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> PDS CONGER, VADA L 4490 BANYAN LANE MIAMI FL 33137 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS CONGER, VADA L 4490 BANYAN LANE MIAMI FL 33137		<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X Vada L. Conger <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/11/04 Daytime Phone # 305-754-6212																														

Vada Conger