## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 26, 2004 8:00 am Secretary of State DOCUMENT # F01000005860 1. Entity Name 03-26-2004 90023 035 \*\*\*150.00 VLAD ADAM CONSTRUCTION, INC. Principal Place of Business Mailing Address 1<del>3749 W</del>ATERHOUSE WAY ORLANDO FL 32828 13743 WATERHOUSE WAY ORLANDO FL-32828 2. Principal Place of Business 3. Mailing Address CORbett RD 2322 Corbett Rd Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 91-2053192 ORlando. ORlando Not Applicable \$8.75 Additional 5. Certificate of Status Desired 山SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LITOSHIK, VLADIMIR Street Address (P.O. Box Number is Not Acceptable) 13743-WATERHOUSE-WAY-ORLANDO-FL 32828. 2322 Corbett Road ORlando 8. The above named early 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 or gistered agent. SIGNATURÉ re, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE TITLE ☐ Delete Addition LITOSHIK, VLADIMIR NAME 2322 Corbett Rd 13743-WATERHOUSE WAY STREET ADDRESS STREET ADDRESS orlando, FL 32826 ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP TITLE VD □ Delete TITLE ☐ Addition LITOSHIK, ELENA NAME 2322 CorbeHRd Orlando, FL 32826 13743 WATERHOUSE WAY STREET ADDRESS STREET ADDRESS ORLANDO FL. CITY-ST-7IP CITY-ST-ZIP TREASURER/DIRECTOR Vadim Litoshik 2322-Corbett Rd. TITLE Delete TITLE X Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THIF ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trystee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED