


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2007 8:00 am
Secretary of State

06-06-2007 90002 047 ***550.00

DOCUMENT # F05000007307 1. Entity Name VOZSIP CORP.					
Principal Place of Business 445 HAMILTON AVENUE, SUITE 408 WHITE PLAINS, NY 10601			Mailing Address 445 HAMILTON AVENUE, SUITE 408 WHITE PLAINS, NY 10601		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3100 Cumberland Boulevard			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 900			
City & State		City & State Atlanta GA		4. FEI Number 20-3745654	
Zip	Country	Zip 30339	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIFFO, KEVIN 13275 W. COLONIAL DRIVE, CORDIA CORP WINTER GARDEN, FL 34787				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP DUPRE, JOEL 445 HAMILTON AVENUE, SUITE 408 WHITE PLAINS, NY 10601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MINELLA, WESLY 445 HAMILTON AVENUE, SUITE 408 WHITE PLAINS, NY 10601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 exemptions contained in Chapter 119, 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>Wesly Minella</u> 4/17/07 914-948-5550 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40119901



04162007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable