

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F34886

Entity Name: V L ENTERPRISES, INC.

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

20801 BISCAYNE BLVD
SUITE 505
AVENTURA, FL 33180

New Principal Place of Business:

18901 NE 29TH AVE.,
SUITE 100
AVENTURA, FL 33180

Current Mailing Address:

20801 BISCAYNE BLVD
SUITE 505
AVENTURA, FL 33180

New Mailing Address:

18901 NE 29TH AVE.,
SUITE 100
AVENTURA, FL 33180

FEI Number: 59-2224230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERLOW, JEFFREY M.
20801 BISCAYNE BLVD
#505
AVENTURA, FL 33180

Name and Address of New Registered Agent:

DADE COUNTY CORPORATE AGENTS INC.
18901 NE 29TH AVE.,
SUITE #100
AVENTURA, FL 33180

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.

SIGNATURE: JEFFREY M. PERLOW

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOTAHWALA, VINOD,
Address: 565 5TH AVENUE
City-St-Zip: NEW YORK, NY

Title: STD () Delete
Name: JAIN, LAKHPAT,
Address: 36 N.E. 1ST ST.,#936
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINOD KOTAHWALA

PD

04/28/2004

Electronic Signature of Signing Officer or Director

Date