

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # G72894

1. Entity Name
VIDEO SWAP SOUTH INTERNATIONAL, INC.



Principal Place of Business
% ALFRED R. VAN DUSER
4100 CHUKKER DRIVE
WEST PALM BEACH, FL 33406

Mailing Address
% ALFRED R. VAN DUSER
4100 CHUKKER DRIVE
WEST PALM BEACH, FL 33406

DO NOT WRITE IN THIS SPACE



02102007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2361078

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAN DUSER, ALFRED R.
4100 CHUKKER DRIVE
WEST PALM BEACH, FL 33406

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
VAN DUSER, ALFRED R.
4100 CHUKKER DRIVE
W. PALM BEACH, FL 33406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
WEST, HELEN U
104 LANDVALE ST
GEORGETOWN, FL 32139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000662848
03/21/07-80028-017 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-07

Date

561/433-4217

Daytime Phone #