

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90259 005 ***158.75

DOCUMENT # H12865

1. Entity Name
VI-CHEM, INC.



Principal Place of Business
% IVAN A. GOMEZ, ESQ.
601 BRICKELL KEY DR. SUITE 507
MIAMI, FL 33131

Mailing Address
% IVAN A. GOMEZ, ESQ.
601 BRICKELL KEY DR. SUITE 507
MIAMI, FL 33131

44025946



03222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
7210 NW 77 Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Medley, Florida

City & State

4. FEI Number
59-2497660

Applied For
Not Applicable

Zip
33166

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

IAG CORPORATE SERVICES, INC
601 BRICKELL KEY DRIVE
SUITE 507
MIAMI, FL 33131

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

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, 2004 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
DCEO
CARRILLO, VIRIATO
STREET ADDRESS
4110 ALHAMBRA CIRCLE
CITY-ST-ZIP
CORAL GABLES, FL ☐ Delete

TITLE
NAME
STD
CARRILLO, VIRGINIA
STREET ADDRESS
4110 ALHAMBRA CIRCLE
CITY-ST-ZIP
CORAL GABLES, FL ☐ Delete

TITLE
NAME
P
CARRILLO, VIRIATO A
STREET ADDRESS
5866 SW 42 ST.
CITY-ST-ZIP
MIAMI, FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/04 (203) 882-0026

Date

Daytime Phone #

VIRIATO CARILLO, Jr., President