2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K11067

1. Entity Name
VOLUME REDUCTION SYSTEMS, INC.

Principal Place of Business	Mailing Address
3520 OAKS WAY #909	3520 OAKS WAY #909
POMPANO BEACH, FL 33069 US	POMPANO BEACH, FL 33069 US

DO NOT WRITE IN THIS SPACE

04222004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0027871	Not Applicable

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

6. Name and Address of Current Registered Agent

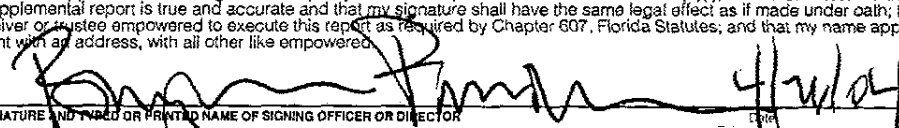FRIEDMAN, BENJAMIN
3520 OAKS WAY
#909
POMPANO BEACH, FL 33069

DO NOT WRITE 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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000137448
04/29/04--80040-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRIEDMAN, BENJAMIN
STREET ADDRESS	3520 OAKS WAY #909
CITY-ST-ZIP	POMPANO BEACH, FL 33069

TITLE	SD
NAME	FRIEDMAN, BENJAMIN
STREET ADDRESS	3520 OAKS WAY #909
CITY-ST-ZIP	POMPANO BEACH, FL 33069

TITLE	
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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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   Date   Daytime Phone #