

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90358 043 ***150.00

DOCUMENT # K63662

1. Entity Name
VAHA CORPORATION



Principal Place of Business
**4691 WEST SUNRISE BLVD.
PLANTATION, FL 33313-6713**

Mailing Address
**4691 WEST SUNRISE BLVD.
PLANTATION, FL 33313-6713**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0108178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HALIVELAKIS, EMMANUEL
3625 TUSCANY DR.
HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name

EMMANUEL HALIVELAKIS

Street Address (P.O. Box Number is Not Acceptable)

4691 W. SUNRISE BLVD.

City

PLANTATION

FL

Zip Code
33313

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
STREET ADDRESS
CITY-ST-ZIP
**DVPS
HALIVELAKIS, DIMITRIOS
4691 W. SUNRISE BLVD.
PLANTATION, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
HALIVELKIS, EMMANUEL
4691 W. SUNRISE BLVD
PLANTATION, FL 33313** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HALIVELKIS, MARY
4691 W SUNRISE BLVD
PLANTATION, FL 33313** ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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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:

EMMANUEL HALIVELAKIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04 (954) 587-7764
Date Daytime Phone #