2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2004 8:00 am Secretary of State

 Entity Nam V.A. ENT 	MENT # ERPRISES,				OR ISM						
rincipal Plac	e of Business		Mailir	ng Address						A H & 4	
				8135 NW 93RD ST. MEDLEY, FL 33166				94058741			
·- · <u>-</u> ·	<u> </u>										
, Principal P	Place of Business		3. Ma	iling Address					II BURI BURI B	11 E114 E114 E114	
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			04192004	04192004 Chg-P CR2E034 (10/03)				
City & State		City	City & State		······································	4. FEI Number 65-0159732		Applied For Not Applicable			
Zip	C	Country	Zip		Count	ry	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and	Address of Currer	nt Register	ed Agent		Nome	7. Name and	Address of New F	Registered	Agent	
T GEOR	GE, H. JEFFF	REY				Name					
	ICE DE LEON					Street Add	dress (P.O. Box Number	er is Not Acceptable	e) 		
					}	City			FL	Zip Cod	e
the obliga	tions of registered	d agent.					egistered agent, or bot	h, in the State of Fl		i familiar with,	and accept
the obligation the ob	Signature, typed or pr	nied name of registered age	ent and title # ap		ITE: Registered	d Agent signature	required when renstating) \$5.00 May Be Added to Fees	h, in the State of Fl	orida. Larn	familiar with,	and accept
the obligation in the obligati	Signature, typed or pr	d agent. nied name of registered age EE IS \$150,00 ee will be \$550	ent and title # ap	9. Election Camp Trust Fund Cor	TE: Registered aign Financ airibution.	d Agent signature	**************************************		DATE		
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12. Thereby certify that the information supplied with this filling 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. 301

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

ORESTES VIDAN

☐ Delete

Addition

☐ Change