

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2007 08:00 AM
Secretary of State**

DOCUMENT # K70880

1. Entity Name
V.A. ENTERPRISES, INC.



Principal Place of Business
8135 NW 93RD ST.
MEDLEY, FL 33166

Mailing Address
8135 NW 93RD ST.
MEDLEY, FL 33166



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0159732

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ST GEORGE, H. JEFFREY
1735 PONCE DE LEON BLVD
MIAMI, FL 33134

**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, 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
VPDS
ORESTES, VIDAN
10325 SW 87 COURT
MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
VIZCAINO, JOSE L
7471 W 32 COURT
HIALEAH, FL 33018

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

UD00000718664
05/01/07-80030-017 150.00

**DO NOT WRITE
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

04/16/07 305-885-8858
Daytime Phone #