

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L45817

**FILED**  
**Feb 05, 2004**  
**Secretary of State**

**Entity Name:** VENDAIRE DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

4801 S UNIVERSITY DR  
219  
DAVIE, FL 33328

**New Principal Place of Business:**

9900 W. SAMPLE ROAD  
201  
CORAL SPRINGS, FL 33065 US

**Current Mailing Address:**

4801 S UNIVERSITY DR  
219  
DAVIE, FL 33328

**New Mailing Address:**

9900 WEST SAMPLE ROAD  
201  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 65-0901962      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JOHNSON, DENNIS V  
5200 N FEDERAL HWY  
2  
FT LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: WALLACE, JAMES  
Address: 1262 S GABRIEL STREET  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: WALLACE, JAMES  
Address: 1262 S GABRIEL STREET  
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: PEELER, AL  
Address: 7200 WEST COMMERCIAL BLVD,SUITE 201  
City-St-Zip: LAUDERHILL, FL 33319 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AP

S

02/05/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date