

2004 FOR PROFIT CORPORATION ANNUAL REPORT


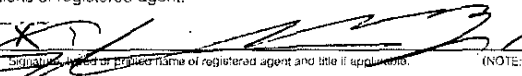
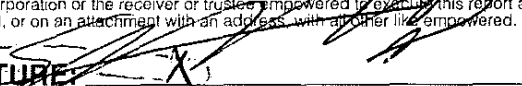
FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90998 011 ***158.75

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04122004 Chg-P CR2E034 (10/03)

DOCUMENT # M40063			
1. Entity Name VIDEN CORPORATION			
Principal Place of Business 300 SW 1ST AVENUE SUITE 103 FT LAUDERDALE, FL 33301		Mailing Address 300 SW 1ST AVENUE SUITE 103 FT LAUDERDALE, FL 33301	
2. Principal Place of Business 702 NE 2ND AVE Suite, Apt. #, etc.		3. Mailing Address 702 NE 2ND AVE Suite, Apt. #, etc.	
City & State FT LAUDERDALE, FL		City & State FT. LAUDERDALE, FL	
Zip 33304	Country U.S.A.	Zip 33304	Country U.S.A.
6. Name and Address of Current Registered Agent SHELLEY, SHELLEY W 300 SW 1ST AVENUE SUITE 103 FT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable) 702 NE 2ND AVE City: FT LAUDERDALE FL Zip Code: 33304	
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:  (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHELLEY, S.W. 300 SW 1ST AVENUE SUITE 103 FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 702 NE 2ND AVE FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.			
SIGNATURE: 		Date: _____ Daytime Phone #: _____	