

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90282 001 ***158.75

DOCUMENT # P00000001510

1. Entity Name
V.I.E. GR. CORPORATION



Principal Place of Business

701 PARKLAND AVE.
CLEARWATER, FL 33764

Mailing Address

701 PARKLAND AVE.
CLEARWATER, FL 33764

5226 ALGERIWE PL.
WESLEY CHAPEL FL 33544

SAME



02092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3615072	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TSAMBIAS, ELIAS P
701 PARKLAND AVE.
CLEARWATER, FL 33764

5226 ALGERIWE PL.
WESLEY CHAPEL FL 33544

**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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/20/05
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD TSAMBIAS, ELIAS P 701 PARKLAND AVE. 5226 ALGERIWE PL. CLEARWATER, FL 33764 WESLEY CHAPEL FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAMALIS, TOM PO BOX 20553 TAMPA, FL 33622
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	

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature] ELIAS TSAMBIAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/05 727-443-5112
Date Daytime Phone #