

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90185 031 ***158.75

DOCUMENT # P00000044101

1. Entity Name
VJI, INC.



Principal Place of Business
1140 A 53RD COURT N
MANGONIA PARK, FL 33407

Mailing Address
1140 A 53 CT N
MANGONIA PARK, FL 33407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1011296

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IMBRIANI, VINCENT J JR
2025 COVE LANE
NORTH PALM BEACH, FL 33408

Name
Vincent J. Imbriani Jr.
Street Address (P.O. Box Number is Not Acceptable)
312 Lake Circle #106
City
North Palm Beach FL Zip Code
33408

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
STREET ADDRESS IMBRIANI, VINCENT J JR
CITY-ST-ZIP 2025 COVE LANE
NORTH PALM BEACH, FL 33408 ☐ Delete

TITLE
NAME PD
STREET ADDRESS Vincent J. Imbriani Jr.
CITY-ST-ZIP 312 Lake Circle #106
North Palm Beach 33408 ☒ Change ☐ Addition

TITLE
NAME VTS
STREET ADDRESS IMBRIANI, CHRISTINA E
CITY-ST-ZIP 1441 BRANDYWINE RD #1200-C
WEST PALM BEACH, FL 33409 ☐ Delete

TITLE
NAME VTS
STREET ADDRESS Christina E. Imbriani
CITY-ST-ZIP 114 J Lighthouse Circle
Tequesta, FL 33469 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

1.14.05

561.845.1552

Date

Daytime Phone #