2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State
06-09-2003 90116 017 ***550.00

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1. Entity Name
VJI, INC.

Principal Place of Business	Mailing Address
1140 A 53 CT N MANGONIA PARK FL 33407	2025 COVE LANE NORTH PALM BEACH FL 33408

2. Principal Place of Business		3. Mailing Address	
		1140 A 53rd Ct. N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Mangonia Park, FL.	
Zip	Country	Zip: 33407	Country: Palm Beach

☐ CHECK HERE IF MAKING CHANGES

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 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	D ☐ Delete	TITLE	PD ☑ Change ☐ Addition
NAME	IMBRIANI, VINCENT J JR	NAME	Imbriani, Vincent J. Jr.
STREET ADDRESS	2025 COVE LANE	STREET ADDRESS	2025 Cove Ln.
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	CITY-ST-ZIP	North Palm Beach FL 33408
TITLE	☐ Delete	TITLE	VTS ☐ Change ☑ Addition
NAME		NAME	Christina E. Imbriani
STREET ADDRESS		STREET ADDRESS	1441 Brandywine Rd. #1200-C
CITY-ST-ZIP		CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: Vincent J. Imbriani (signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-03 — Date
561-845-1552 — Daytime Phone #