


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91902 006 \*\*\*150.00

DOCUMENT # <b>P00000053500</b>	
1. Entity Name <b>VANDIA, CORP.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>265 SE 10th ST #2C</b>		3. Mailing Address <b>915 COAST BLVD S</b>	
Suite, Apt. #, etc. <b>#2C</b>		Suite, Apt. #, etc. <b>APT # 4</b>	
City & State <b>DEERFIELD BEACH, FL</b>		City & State <b>LA JOLLA, CA</b>	
Zip <b>33441</b>	Country	Zip <b>92037</b>	Country <b>SAN DIEGO</b>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>65-1013518</b>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	7. Name and Address of Current Registered Agent		
	Name <b>VAN EVANS</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>265 SE 10th ST</b>			
City <b>DEERFIELD BEACH</b> <b>FL</b> Zip Code <b>33441</b>			

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
	<b>PSD</b>		
	<b>NADIA ASSAF</b>		
STREET ADDRESS	<b>915 COAST BLVD S #4</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LA JOLLA CA 92037</b>	CITY-ST-ZIP	
	<b>VTD</b>		
	<b>VAN EVANS</b>		
STREET ADDRESS	<b>265 SE 10th ST #2C</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33442</b>	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
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CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/29/03 858-777-2922**

Date

Daytime Phone #

CR2E034B (12/02)