
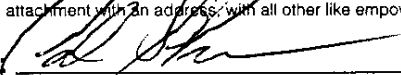


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90041 007 ***150.00

DOCUMENT # P00000072194 1. Entity Name V.S.V. ENTERPRISES INC.					
Principal Place of Business 2960 GULF TO BAY BLVD CLEARWATER, FL 33759			Mailing Address 2960 GULF TO BAY BLVD CLEARWATER, FL 33759		
2. Principal Place of Business - No P.O. Box # 5405 N. CHURCH		3. Mailing Address 5405 N. CHURCH AVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 59-3658946	
Zip 33614		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERSAD, CARL S. 2960 GULF TO BAY BLVD CLEARWATER, FL 33759			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5405 N. CHURCH AVE City TAMPA FL Zip Code 33614		
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, 2007 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	D PERSAD, CARL S 2960 GULF TO BAY BLVD CLEARWATER, FL 33759	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5405 N. CHURCH AVE TAMPA, FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERSAD, SHAMDAI 2960 GULF TO BAY BLVD CLEARWATER, FL 33759	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5405 N. CHURCH AVE TAMPA, FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERSAD, GANESH V 2960 GULF TO BAY BLVD CLEARWATER, FL 33759	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5405 N. CHURCH AVE. TAMPA, FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERSAD, KAMINE V 2960 GULF TO BAY BLVD CLEARWATER, FL 33759	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5405 N. CHURCH AVE TAMPA, FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 			Date 1/24/07 Daytime Phone # 727-459-8286		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					