


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90295 027 ***150.00

DOCUMENT # P00000110771					
1. Entity Name VES ENTERPRISES, INC.					
Principal Place of Business 15067 SW 103 TERRACE #14106 MIAMI, FL 33196			Mailing Address 15067 SW 103 TERRACE #14106 MIAMI, FL 33196		
2. Principal Place of Business 14629 SW 104 St.		3. Mailing Address			
Suite, Apt. #, etc. 306		Suite, Apt. #, etc.			
City & State Miami, FL		City & State			
Zip 33186		Country Dade		Zip	
Country		Country			
4. FEI Number 65-1058908			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ESCOBAR, JUAN CARLOS 2050 CORAL WAY SUITE 303 MIAMI, FL 33145			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable) 3965 SW 164 Place			Street Address (P.O. Box Number is Not Acceptable)		
City Miami			City		
FL			FL		
Zip Code 33			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: <i>Juan Carlos Escobar</i>					
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 <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE PTD	NAME ESCOBAR, JUAN CARLOS	<input type="checkbox"/> Delete	TITLE PTD	NAME Escobar, Juan C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2050 CORAL WAY SUITE 303	CITY-ST-ZIP MIAMI, FL 33145		STREET ADDRESS	CITY-ST-ZIP	
TITLE VP	NAME CROYDON INTERNATIONAL INC.	<input type="checkbox"/> Delete	TITLE VP	NAME Croydon International	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 15067 SW 103 TERRACE	CITY-ST-ZIP MIAMI, FL 33196		STREET ADDRESS 14629 SW 104 St. #431	CITY-ST-ZIP Miami, FL 33186	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
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: <i>Juan Carlos Escobar</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					