

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 8:00 am
Secretary of State

02-01-2006 90013 004 ***150.00

DOCUMENT # P00000110771	
1. Entity Name VES ENTERPRISES, INC.	



Principal Place of Business 14629 SW 104TH ST 306 MIAMI, FL 33186	Mailing Address 15067 SW 103 TERRACE #14106 MIAMI, FL 33196
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CU009758

2. Principal Place of Business		3. Mailing Address 14629 SW 104th St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 306	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
33186	USA	33186	USA



01262006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent ESCOBAR, JUAN CARLOS 7965 SW 164 PLACE MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Escobar, Juan Carlos Street Address (P.O. Box Number is Not Acceptable) 7965 SW 164 Place City Miami FL Zip Code 33193	
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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: Juan Carlos Escobar
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ESCobar, JAUN C 2050 CORAL WAY SUITE 303 MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Escobar, Juan C. 7965 SW 164 Place Miami, FL 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARLOS, RESTREPO JUAN 7965 SW 164 PLACE MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Restrepo, Juan C. 7965 SW 164 Place Miami, FL 33193 <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
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: Juan Carlos Escobar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #