
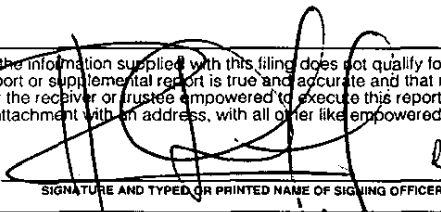


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90273 009 \*\*\*150.00

<b>DOCUMENT # P01000023342</b>			
1. Entity Name <b>VANNY DEVELOPERS CORP.</b>			
Principal Place of Business <b>C/O SERBER &amp; ASSOCIATES, P.A. TURNBERRY PLAZA #801 2875 N.E. 191ST ST. AVENTURA, FL 33180</b>		Mailing Address <b>2875 NE 191 ST. STREET SUITE 400A AVENTURA, FL 33180</b>	
2. Principal Place of Business <b>2875 NE 191 street</b>		3. Mailing Address <b>2875 NE 191 street</b>	
Suite, Apt. #, etc. <b>300</b>		Suite, Apt. #, etc. <b>300</b>	
City & State <b>Aventura Florida</b>		City & State <b>Aventura Florida</b>	
Zip <b>33180</b>	Country <b>US</b>	Zip <b>33180</b>	Country <b>US</b>
6. Name and Address of Current Registered Agent  <b>SERBER, DANIEL 2875 N.E. 191 STREET SUITE 801 AVENTURA, FL 33180</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS DJMAL, RICARDO 2875 NE 191 ST. 400A AVENTURA, FL 33180</b> <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	<b>DVT WEINSTEIN, RICARDO 2875 NE 191 ST 400A AVENTURA, FL 33180</b> <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
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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 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.			
<b>SIGNATURE:</b> 		Date <b>04/11/05</b> (305) 935-6955	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

40059442



04012005 Chg-P CR2E034 (10/03)

4. FEI Number  
**01-0600225** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**