


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State


06-01-2004 90005 048 ***550.00

DOCUMENT # P01000103371	
1. Entity Name VNV, INC.	

Principal Place of Business 1829 S. BYRON BUTLER PARKWAY PERRY FL 32347	Mailing Address 3499 S. ATLANTIC AVENUE COCOA BEACH FL 32931
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2. Principal Place of Business 1829 S. BYRON BUTLER PARKWAY Suite, Apt. #, etc.	3. Mailing Address 3499 S. ATLANTIC AVE. Suite, Apt. #, etc.
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City & State PERRY, FL	City & State COCOA BEACH
Zip 32347	Zip 32931
Country TAYLOR	Country BREVARD

	
MOORE	CR2E034 (11/03)
4. FEI Number 52-2350069	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PATEL, NARENDRA 3499 S. ATLANTIC AVENUE COCOA BEACH FL 32931	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 Vinodh R. Patel	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PATEL, NARENDRA 3499 S. ATLANTIC AVENUE COCOA BEACH FL 32931
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PATEL, VINESH R 4125 N. US 1 COCOA FL 32927
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PATEL, VIMAL H 4125 N. US 1 COCOA FL 32927
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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.	
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SIGNATURE: Vinodh R. Patel	VINESH R. PATEL	5/29/04	321-636-8911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #