

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90269 014 \*\*\*158.75

**DOCUMENT # P02000019305**

1. Entity Name  
**VIALET USA CORP**



Principal Place of Business  
**19307 S.W. 65TH ST.  
PEMBROKE PINES, FL 33332**

Mailing Address  
**19307 S.W. 65TH ST.  
PEMBROKE PINES, FL 33332**

**94076487**



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**36-4489053**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SANCHEZ, ORLANDO M  
19307 S.W. 65TH ST.  
PEMBROKE PINES, FL 33332**

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SANCHEZ, ORLANDO M  
STREET ADDRESS 19307 S.W. 65TH ST.  
CITY-ST-ZIP PEMBROKE PINES, FL 33332

TITLE SD  
NAME PINO, ILEANA L  
STREET ADDRESS 19307 S.W. 65TH ST.  
CITY-ST-ZIP PEMBROKE PINES, FL 33332

TITLE VD  
NAME SANCHEZ, DANIEL A  
STREET ADDRESS 19307 S.W. 65TH ST.  
CITY-ST-ZIP PEMBROKE PINES, FL 33332

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/04 (954) 689-0362  
Date Daytime Phone #